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DERT.		PLACE OF DEATH COUNTY Bal to	13338	27 - 12 - 12 - 14 - 14 - 14 - 14 - 14 - 14	MATYLAND	2. USUAL RESIDENCE (Where decease	ed lived. If institu b. COUNT		before admission)	-	
	Ь	. CITY OR TOWN (If a	rulside corporate limits, write	EURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corp	orote limits, write				
		Towson				7 Tows	son					
X	1 °			nol in hospi	tal, give street address)	Street ADDRESS Illi Stevenson Lane * Is RESIDER ON A FAI						
	3, 1	NAME OF	renson Lane		Middle	Lost Lost	A. DATE	ISON Lane		YES NO		
		Type or print)		CHAEL	GRAHAM	ANDREAE	OF DEATH	Dec		Doy Year L2. 19 59	,	
	5. S	EX			NEVER MARRIED 8			9. AGE In years		AR IF UNDER 24 H	RS.	
	Auron	male	white	WIDOWED	DIVORCED [Apr. 5. 1959		fort birthday) yts.	Months Day	ys Hoers Min.		
	10a.	USUAL OCCUPATION	N (Give kind of work do life, even if retired)	one 10b. Kil	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZEN	OF WHAT COUNT	RY	
	-	never wo	rked		N	Md						
1	13.		37 4 3			14. MOTHER'S MAIDEN						
I	15.	WAS DECEASED EVEL	Norman And		OCIAL SECURITY NO. 17. 8	Jean Gowo	V	Address				
1	No.	no, er unknown) [Il yes, give wor or dates of so	rvice)		r. Charles N	I And-	,	l. Chare	Wash Tana		
			H [Enter only one couse		r (0), (b), and (c). }	L. CHATLES	- Autur	ege - Til	11	NTERVAL BETWEEN	-	
	П	PART I. DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)									
		7240	DUE TO									
V		Conditions, if on			/							
		(a), stating the us	derlying DUE TO									
	3	-	R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 16	ATTO WAS AUTOPS	Y	
0	CATIC	Thom(done 61	stot.	Nisht Towns	I house	Id A	mud the	1	PERFORMED?		
	TIFIC	200 EXTERNAL CAUS		DESCRIBE H	HOW INJURY OCCURRED. (E	nter noture of injury in Par	t I or Part H	of item 18.)	15/12/19		Jan.	
	10	CAUSE OF DEATH.										
2	MEDICAL	20c. TIME OF INJURY	Month, Day, Year	20d. IN	Not white 20e. PLAC	E OF INJURY (Home, formary, street, office bldg., etc.	n, 20f. (City	or lown)	(County)	(Stole)	
2	¥	p. m.	19		of work	Homo		104510		- P		
					moins described obo			spection =		, ond in m	ıy	
		opinion deoin r	esuited from: N	olural co	uses . Accident	, Suicide ,	Homicide	, Undete	rmined mor	iner		
		ACTUAL SIGNATURE	harla	,17	18 Breet 6	M.D. CHIEF MEDICALE	KAMINER []			DATE SIGNED		
4		7	1/2	7 0	100000	, ASSISTANT MEDIC	AL EXAMINER		17	/ /		
de		EXAMINER'S NAME (Type)	Marles	10	DONNE	DEPUTY MEDICAL	EXAMINER E		1	13/19		
	1 1	REMOVAL (Specify)	226. DATE THEREOF	27	C. NAME OF CEMETERY OR		22d. LOCAT	ION (City, town, o	or county)	(Store)		
	-	Burial FUNERAL DIRECTOR'S	12/15/59		Druid Ridg			esville,	Md.	V/100		
	1	AND Y	I CALVA	11-4	Jus - 100	1417	D BY REGISTI	CALL	TRAR'S SIGNA	LUNE		
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AND A STATE DESIGNATION OF COLUMN SALES AND STATE OF SALES AND SAL STATESTON Thomas are mission and the meaning

SIL POR COLO DE HITTEN DE DESMINARE DE LA COMPUSADA Many trades are seen of head particularly the court of the

Cathedral

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

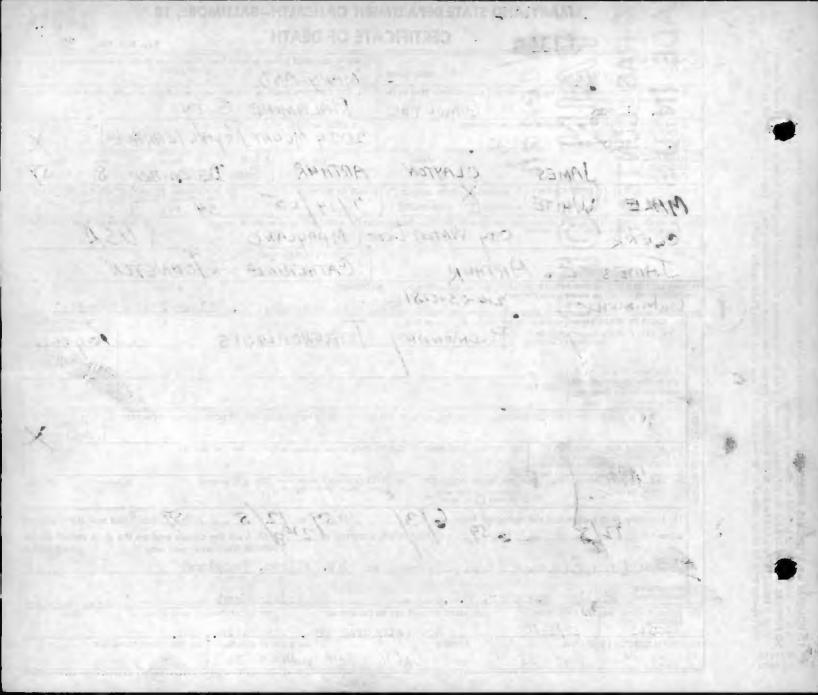
ADDRESS

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9 VS A15 (4) 15M 10/57

Burial

23. FUNERAL DIRECTOR'S SIGNATURE



TO HOSPITAL

VS A15 (4) 15M 9/5B

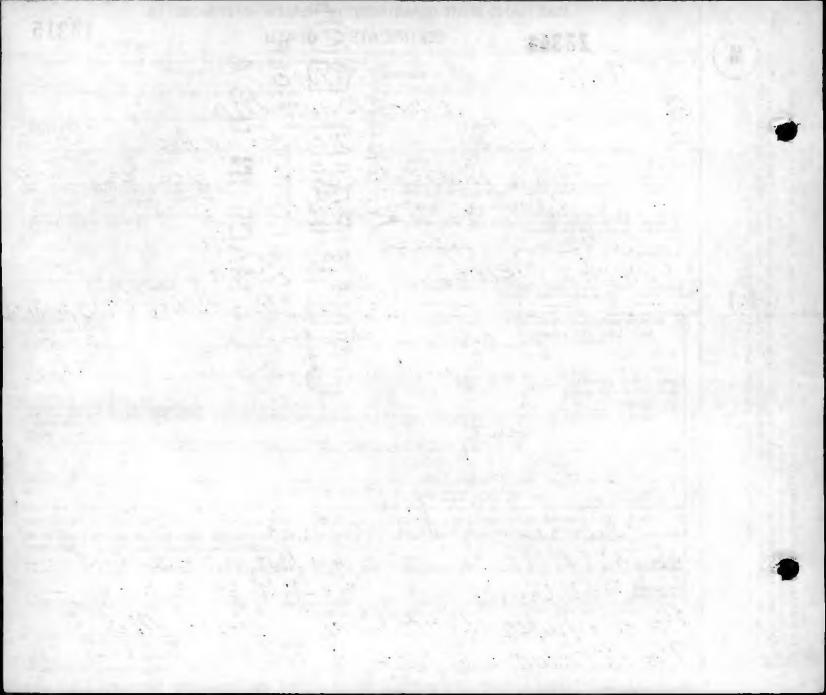
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13341

CERTIFICATE OF DEATH

3315

70044			Keç	g. Dist, No.
1. PLACE OF DEATH O. COUNTY 30/10	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: Re b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RUAL and give nearest tawn)	c. LENGTH OF STAY IN 16	BALTO	ide corporote limits, write RURAL	and give nearest town)
d. NAME/OF HOSPITAL (If not in hospital, give street in the street of th	et address)	3311 LT. G	eorge Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) NATHI da	Marie /	FSHAUER "	DATE Month OF DEATH OCC	Day Yeor 22 1953
+ W wido	ARRIED NEVER MARRIED DIVORCED DIVORCED	3/9/1879	lost birthday) Mor	NDER 1 YEAR IF UNDER 24 HRS 11ths Days Hours Min.
Oa. USUAL OCCUPATION (Give kind af work done 10 during most of working life, even if retired)	ob. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY
3. FATHERS NAME PLES Ple	ines	14. MOTHER'S MAIDEN NAM	ech	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	EORDS /	WE-Home	Camprida
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary	Thromboni	2	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gove rise to immediate cause (a), stating the under.	Hypertens	wi Heart	Disease	5 yrs.
lying cause lost. (c)		IT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Part	t or Part II of item 18.}	
Hour a.m. Wh		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or tawn)	(County) (Stote
21. I certify that I attended the dece alive an Sec. 2/-, 19	. //	19 59, to De	fram the causes and or	I last saw the decease the date stated above
ACTUAL Garl f. Chan	when	M.D. 4108 flest	DRESS (Street, city or town, state)	7-14.12-2
PHYSICIAN'S FORLL. Chin	hers-	4108-Libert	5. Hts. Bulto	- y. m/
20 AURTAL, CREMATION 226. DATE THEREOF PREMIONAL PROPERTY 12/26/59	22c. NOME OF REMETERY	EMATORY 22	d. LOGATION (City, town, or con	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS H	240. REC'D B	ry registrar 246. registrar 2 8 '59 Outling	2'S SIGNATURE 2. Thank



22d. LOCATION (City.

24g. REC'D BY REGISTRAR

DATIDEC 1 7 159

town, or commy).

24b. REGISTRAR'S SIGNATURE

Ording S. Krous

SE TO HOSPITAL (MATTENDING PHYSICIAN: The SE May be retained by the haspital ar attending to SE TO FUNERAL DIRECTOR; After this certificate has page 3 shauld be detached for use as the buri

PHYSICIAN'S NAME (Type)

BURIAL CREMATION.

WNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Rea. Dist. No.

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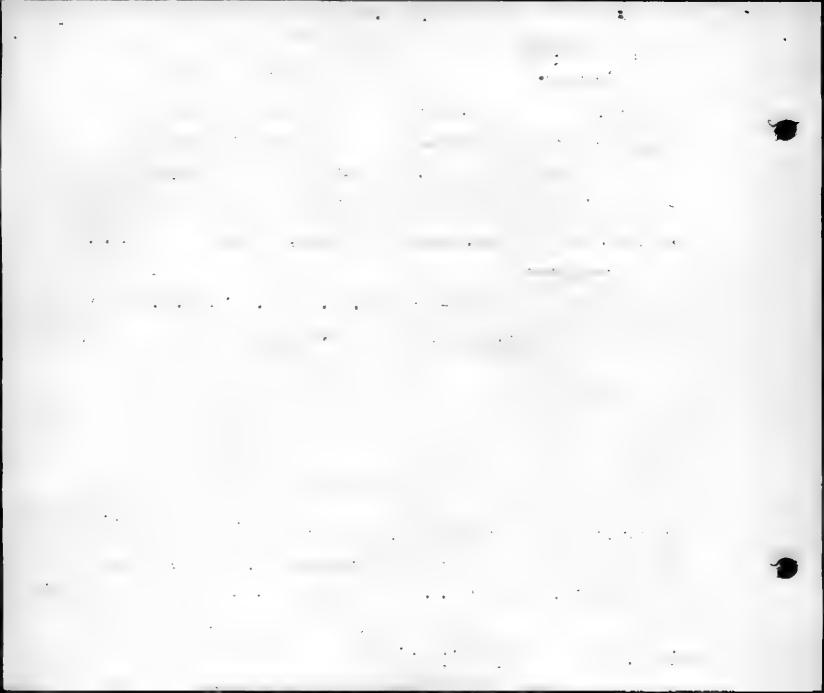
2 Filled popers. comple death and after physician haurs геттоме 2 affending please within the any permit signed **buriol-transit** been physi removal has detoched burial

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FUNERAL DIRECTOR: age 3 shauld be detoc moy 0 VS A15 (4) 15M 9/5B

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived I ff institution Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore hO Days Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 4016 Putty Hill Avenue YES NO Veterans Administration Mospital NAME OF Middle Yeor Month Day DECEASED BAKER AVEN AT THE G. 19 59 (Type or print) DEATH 25 DID(HDIVIBIUM 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 9.-AGE (In years 69 yrs Months Doys Hours 9/16/90 White Male DIVORCED [7] WIDOWED [10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dept.Stores Buffalo, New York U.S.A. House Detective 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Baker Anna UNKNOWN WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. Clin.Rec. VA Hosp.Balto, Md.Ft. Howard Division Yes INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) METASTATIC ADENOCARCINOMA OF COLON TO LUNGS AND 6 YEARS near the sent Canditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (State) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 159 200000000000 21. I certify that oftended the deceased fram 11/15. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE VAH. BALTO, MD. FORT HOWARD DIVISION PHYSICIAN'S WALTER C. GOLDSTEIN, M.D. VAH. BALTO.MD.FT. HOWARD DIVISION 12/25/59 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore, Maryland Parkwood Cemetery DATE DEC 2 8 09 246. REGISTRAR'S SIGNATUREA George F. Sander Baltimore.



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VS A15 (4)

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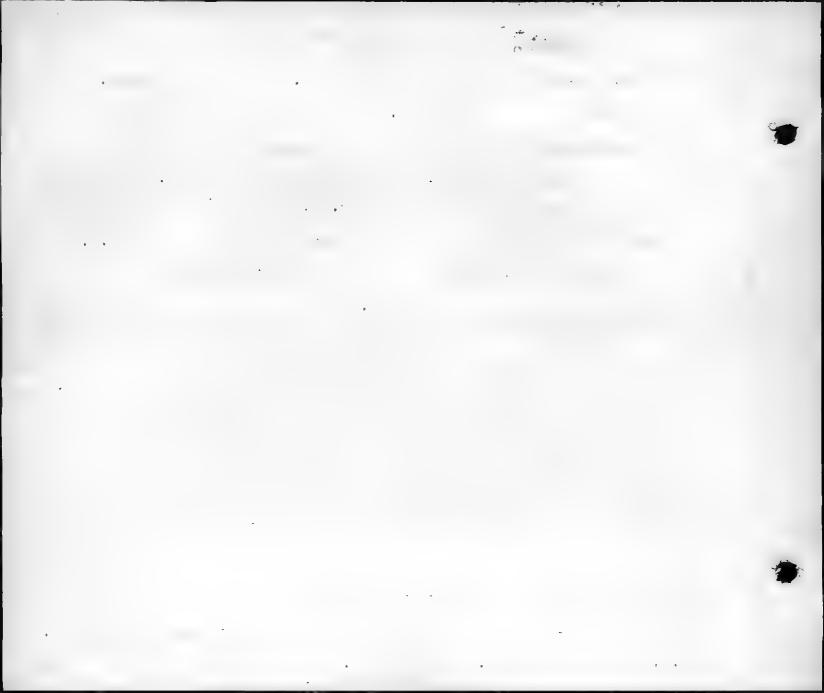
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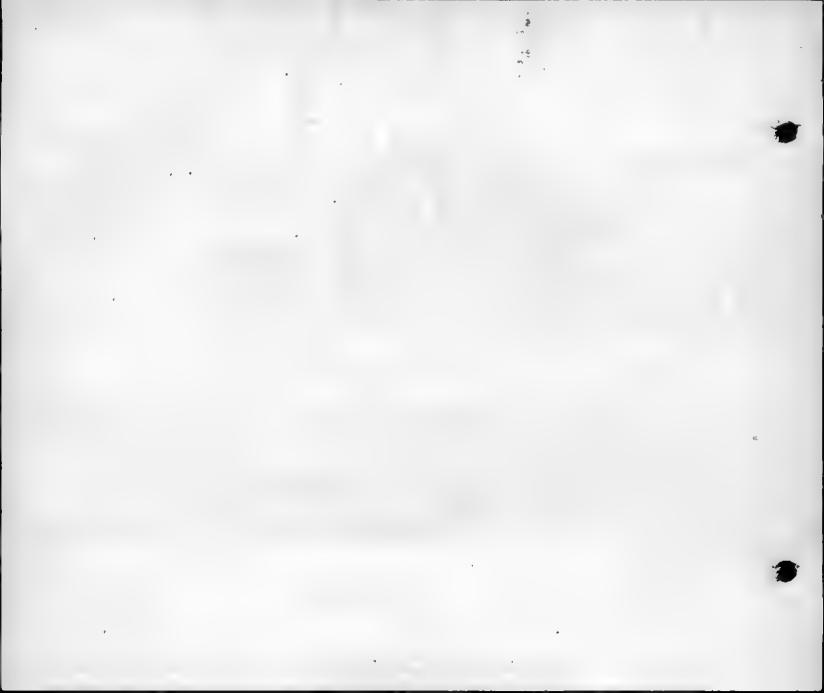
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



oth. After this copy of this

registrar within 72 hours after death.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

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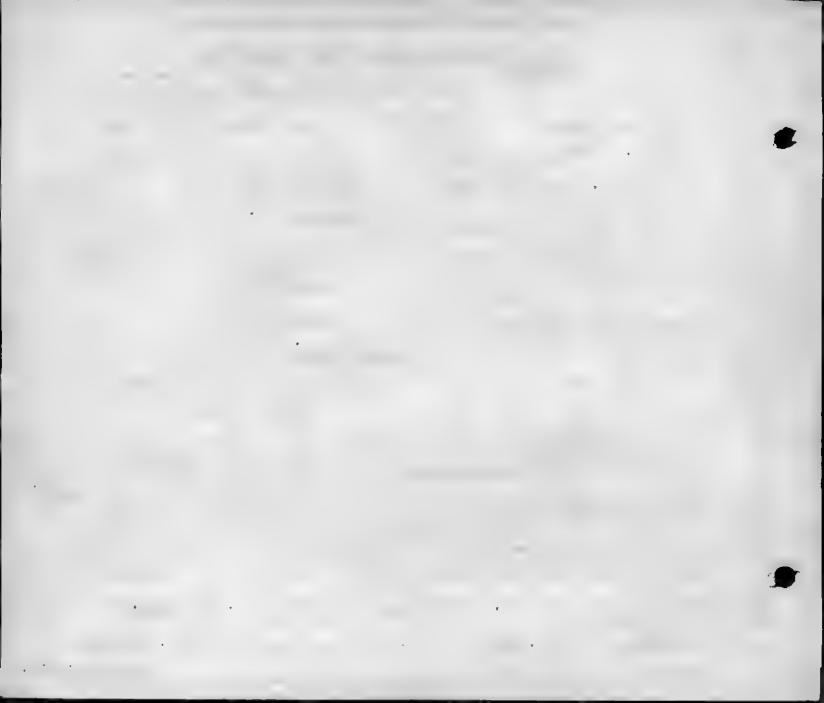
ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 2. hours after death. The bottom copy may be retained by the hospital or attending physician. **NSTRUCTIONS**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 13346

Reg. Dist. No. ...

		Z. ODORE RESIDEN	/ DECEASE					
county Baltimore	MARYLAND	STATE MC	L COUNTY Ball	to. City				
CITY (If outside corporate fimits, write RURAL OR end give neerest town)	LENGTH OF STAY	City (If outside corporate limits, write RURAL and give nearest town) OR						
TOWN Mt. Wilson	(in this place) 68 mo.	TOWN 13c	Itimore Ci	EV 31				
HOSPITAL OR		STREET	(If rural give location					
INSTITUTION OR STREET ADDRESS 3 3 3 3 3 3 3 3		ADDRESS ; G	20 Bank	Stavin				
STREET ADDRESS Mt. Wilson State H	OSD1 Tall	(Lost)						
DECEASED	(Middle)	• • •	4. DATE (Month)	(Day) (Year)				
(Type or Print) Martin		rrett Sr.		7 1934				
5. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED, DIV	(ORCED			R 1 YEAR IF UNDER 24 HRS.				
(Specify)	M 4/	11/1887	72 yrs. Months	Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work 10b. KII)	ND" OF BUSINESS	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT				
dons during most of working life, even if refired)	CCELLA	Baltimo	40	COUNTRY?				
13. FATHER'S NAME	CLEI	14. MOTHER'S MAIDEN I		U.S.A.				
Bartley Barrett		h -						
	SOCIAL SECURITY NO.	1 17. INFORMANT & A	DORESS HOSpital Re	cords				
	113-34-354							
			on State Hospita	T				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER			INTERVAL BETWEEN ONSET AND DEATH				
COX IMMEDIATE CAUSE (A) Far	Advanced	Pulmonary	Tubercy losis	6 40				
ANTECEDENT CAUSE(S) DUE TO				Ü				
DISEASES OR CONDITIONS, IF ANY, (B)								
GIVING RISE TO THE ABOVE CAUSE								
STATING UNDERLYING CAUSE LAST, THE TO								
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE								
DISEASE OR CONDITION CAUSING DEATH, 190. DATE OF OPERATION 19b. MAJOR FINDINGS	OF ODERATION			20. AUTOPSY?				
The part of orthogonal property and property	OI OFERATION			YES NO 🕅				
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,		14. WHERE DID INJURY OCCUR	(Cou	enty) (State)				
[IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hourl 21e.	INJURY OCCURRED	21/ HOW OR BUILDY OCCUP	2					
21d. TIME OF INJOK! (Month) (Day) (1881) (1801) 216. Whi		216. HOW DID INJURY OCCUP	cr ,					
	ork el work							
22. I hereby certify that I attended the dece	ased from 2/14	19.54, 10	2/ 7 , 19.59 , that	last saw the deceased				
alive on 12/7, 19.5 9, and	that death occurred at	4-35.4.M. from the c	auses and on the date stat	ed above				
SIGNATURE		ADDI	RESS (Street, city, town, stell)	DATE SIGNED				
Win Ne	womer Sur		it. Wilson, Md.					
23. BURIAL, CREMATION, DATE THEREOF	I NAME OF CEMETERY OR		LOCATION (City, fown, or count	ry) (Stata)				
REMOVAL (SPECIFY)	The state of the s							
Burial Dec 10 10	5b Mt. Carn	el	Baltimore, Mar	rland				
		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS				
DEC 1 0 '59 Curtles & Kraus		J. 144 2. 1	17 mg . 1901	Eastern Ave.				



Pikesville, Md

1. PLACE OF DEATH

funeral o in by the fune ond 2 should b Podes campletely puo physician attending þ

may be retain. By the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit.

TO HOSPITAL

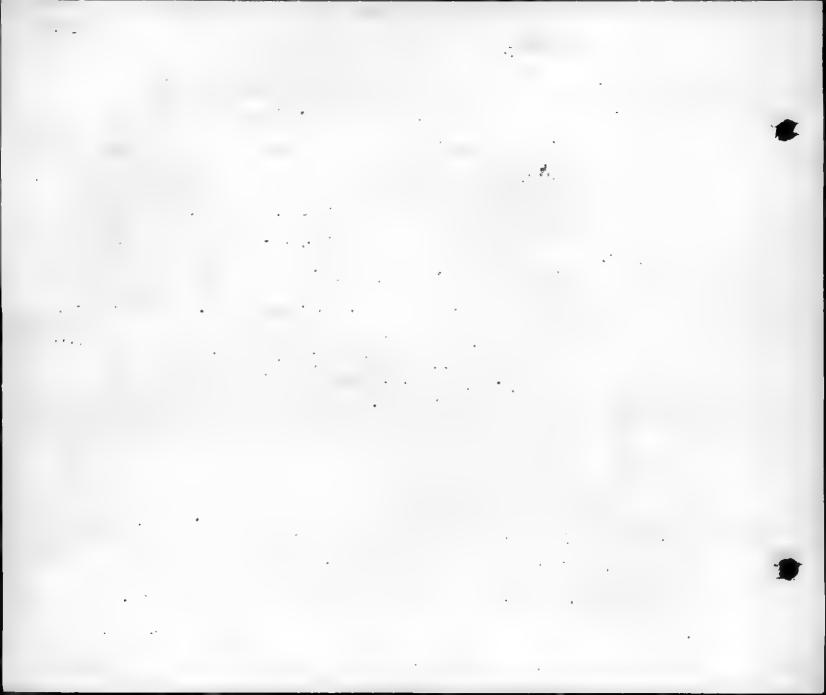
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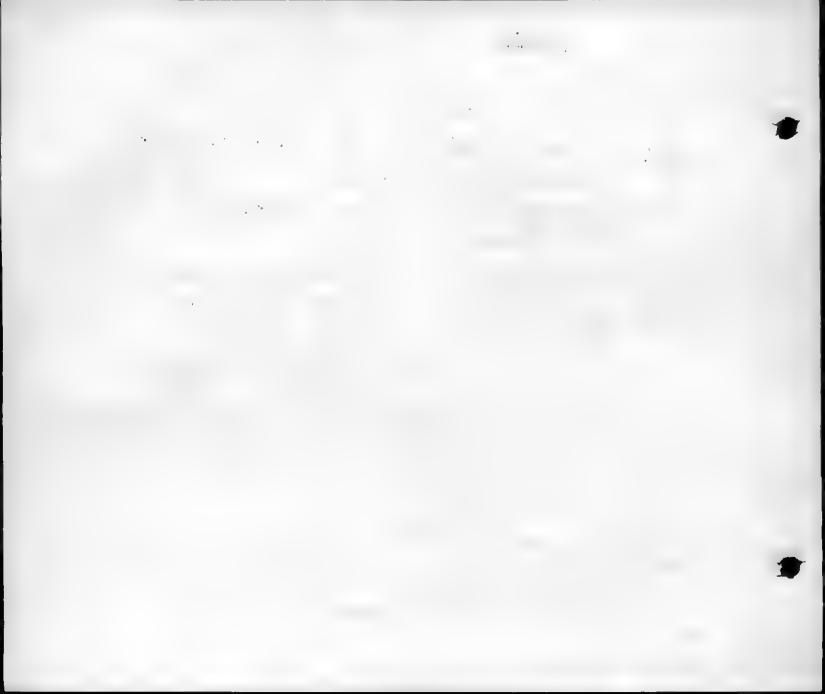
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	ŀ		autside carporate limi	ts, write	C LENGTH OF STAY IN	lb c. CITY OI			rate limits, write R	URAL ond	give nearest
		Fort Ho	ward		6 days	×	Baltim	ore			
1	1	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, g	jive street ad	ddress)	d. STREET	ADDRESS				e. 15
	_	Veterans	Administr	ation	Hospital		20 Wal	dron	Ave		YE
I	3. P	NAME OF DECEASED	Fir	sl	Middle	ŧ.	ast	4. DATE OF	Mor	ath	Day
ı		Type or print)	WILL	-	E	BAUGHER		DEATH	Decembe	-	28
ı	S. S	** *			ED TO NEVER MARRIED				 AGE (in years last birthday) 	Months	Days Ho
l	20	Male	white	WIDOWED		- Decem		1895	<u> 6</u> Д Угз.		
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ī	-	Clerk	^	B&O	Railroad		to. Mar				USA
ļ	. 3.	M///	9. (1)	1	1 12.	A IA. MOTHER	'S MAIDEN NA	, and	P	No.	
١	15	WAS DECEASED EVE	IN U. S. ARMED FOR	CESS IL S	OCIAL SECUPITY NO	INFORMANT	ed m	ace.	Receive	iress	
I	(Yes	no, or unknown) (If yes, gave wor or dates of a	arvice) (TT A II	. D.3			. 7 75.5
	_	Y OS	TH [Enter only one co			Clin.Rec.	VA HOS	р ват	to ra rt	Howa	INTERVA
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l		Conditions, if a			STATIC CARCI				WIND THE	THORT	70
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ı		couse (a), stating t lying couse last.	the under-		EMA OF THE I						3
	8	PART II OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DEATH		TO THE TERMIN	IALDISEAS	E CONDITION GIV	VEN IN PAR	T 1(o) 19. V
I	2						`				YE
	CERTIFI	20a ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY OCCU	RRED. (Enter nature	of injury in Po	art I or Par	I II of item 18.)		
	41	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
l	MEDICA	20c. TIME OF INJURY Hour o. m.	Y Manth, Day, Ye	20d. INJ While	URY OCCURRED 20e	 PLACE OF INJURY foctory, street, off 		20f. (City	or town)	(4	County)
ı	WE	p. m.	VA 19		ol work		pr 18 1	d .			
ı		21. I certify th	at X attended the	decease	d fram <u>Decembe</u>	r. 22, 19.59	2 , to De	dembe	r 28 1959	abbabak	description
ı		dixeconcece:	COOCOCCO COOCOCCOC		xxxxx and that de	ath accurred a					e date st
ı		ACTUAL	1011-5	712	Ha . M			,	reet, city or town,	,	
ı		SIGNATURE	CROCA	711	Pryce	A.D. VAH	BALTO	MD_FT	HOWARD	DIVIS	TON
١		PHYSICIAN'S									
	22.	NAME (Type)		SNYDE					-HOWARD-		ION
I	220.	REMOVAL (Specify)	226. DATE THEREC	2) 10,0	22c. NAME OF CEMETER			zzd. LOCA	TION (City, town,	ar county)	
	23	Burial FUNERAL DIRECTOR'S	SIGNATURE	ן בקו,יי	Woodlawn Ce	metery	24a, REC'D	Bal By PEGIS	timore.	Maryl	and GNATURE
I				D : ;		77-7 T	1				8. Kraus
ı		Frank H Ne	well inc.	Melst.	erstown Rd &	e Waldron	AVE	ال ال ال	23 (mining a	d. Thank

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Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Elimone e RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Year Aonth Day 28 1959 er IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours 12 CITIZEN OF WHAT COUNTRY? USA ddress t Howard Division INTERVAL BETWEEN ONSET AND DEATH Unknown RIAORTIC DAYS GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO (County) (State) 9 xthatclclastxsmextlecalecased and an the date stated above. DATE SIGNED vn. state) DIVISION n, or county) (State) Maryland EGISTRAR'S SIGNATURE

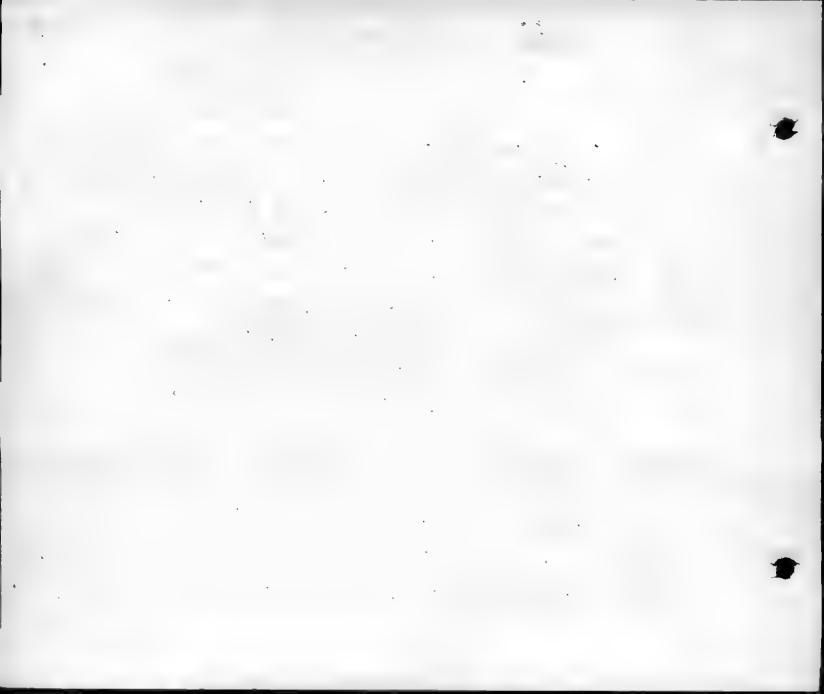


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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24b. REGISTRAR'S SIGNATURE

arthur of Kinus

24a, REC'D BY REGISTRAR

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VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE



20c. TIME OF INJURY Month, Havr a. st.

21. I cortify that I attended the deceased from

ACTUAL SIGNATURE PHYSICIAN'S OM A-S

NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

22d. LOCATION (City, lown, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

5. SEX

ADDRESS

240, REC'D BY REGISTRAR DATE DEC 2 8 '59

24b. REGISTRAR'S SIGNATURE

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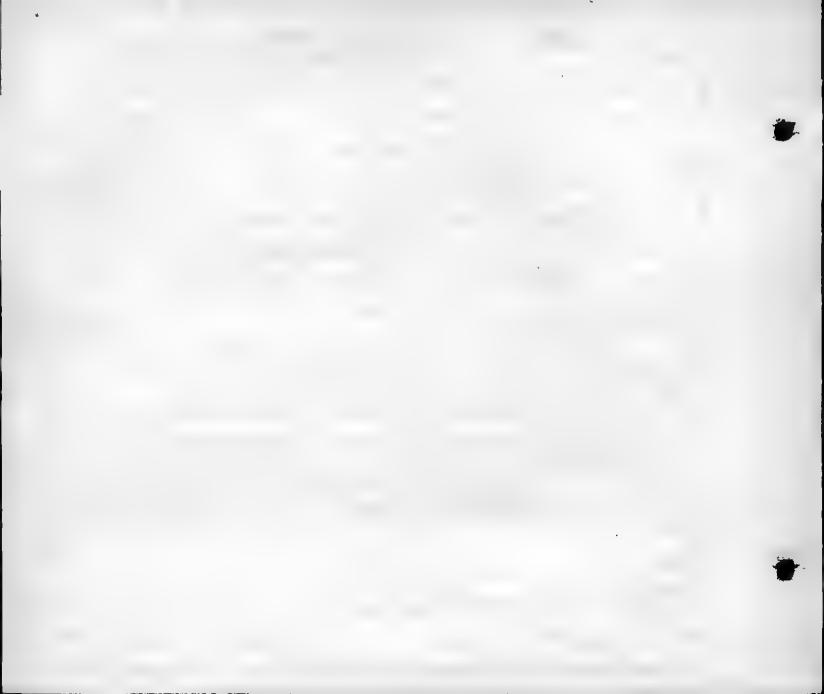
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Druid Ridge Cemetery

24 FUNEBAL DIRECTOR

Pikesville

llsworth Armacost-4600 Liberty Hghts. Ave

Maryland

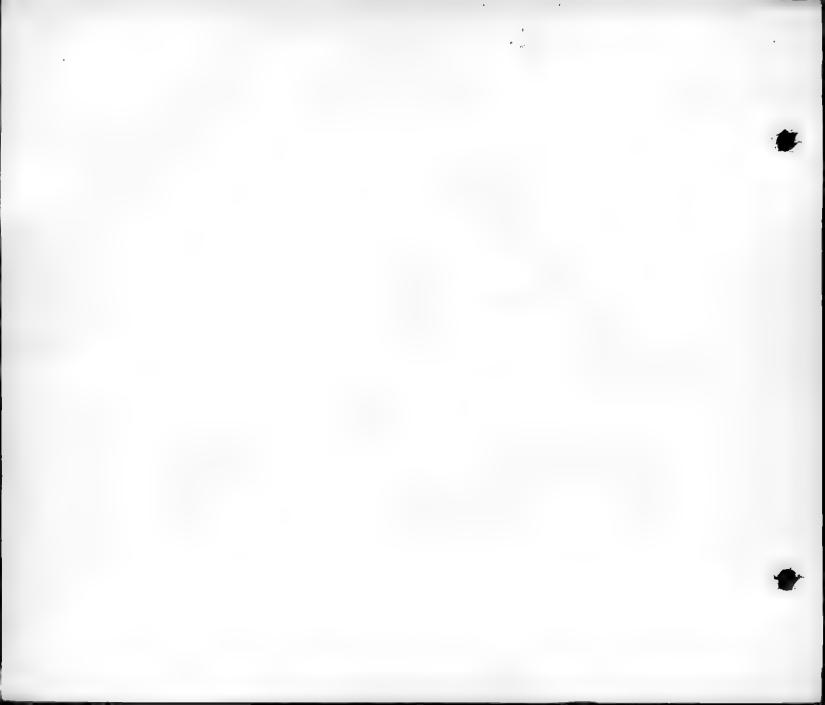
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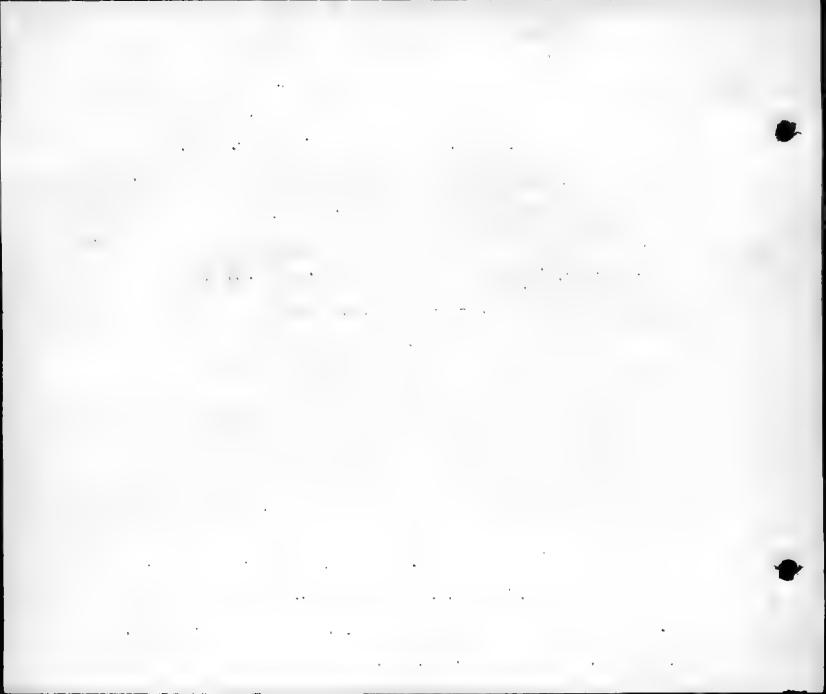
Chillen & House

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13331

1339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

n Diet No

		100.60				Re	g, Dist. No.	
•	1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (V		f if institution is to county Ba		
)	and give negreal tow	Dundalk	15 yrs.	c. city or town (if		imits, write RURA	L and give ne	torest town)
	Residence	AL OR INSTITUTION (If not in 7638 Old E	hospitol, give street oddress) Battle Grove F	d.7638 01d	Battle	Greve	Rđ.	e. IS RESIDENCE ON A FARM? YES IN NO
	3. NAME OF DECEASED (Type or print)	Walter		udny Sr.	4. DATE OF DEATH	Month De C.	Day 8	Yeor 19 9
	5. SEX Male	White wipov	WED DIVORCED D		.894 65	(In years IF UN Mont yes,		IF UNDER 24 HRS. Hours Min.
	during most of working		a. Mines	Poland	or foreign country)	12.	CITIZEN OF	WHAT COUNTRY
	13. FATHER'S NAME				IAME			
V		Unknown		U	inknewn			
1	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If you give war as dates al service) None	3 (0 00 000 0	rormant rs. Cecili	a Budny	7638 o	ld Ba	ttle .
		TH [Enter only one cause per li TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne (or, ig), (b), and (c).]	CEC	Cusic	17	ONSET	AND DEATH
	Conditions, if a gave rise to imme [a], stating the cause last.	diale cause						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WA								PERFORMED?
		NTRIBUTING [RIBE HOW INJURY OCCURRED (En	ter nature of injury in Port	I or Port II of item	10.)		
	20c. TIME OF INJU Haur e. m. p. m.	19 W	hile Not while factor work of work	E OF INJURY (Home, form ry, street, affice bldg , etc.)		1)	(County)	(State)
		1	e remains described abov 1 cousés 💢 : Accident 🔲		∕ □, Inspect Iomicide □,	ion []K Inc		and in my
	ACTUAL SIGNATURE	la lell	Callun	.M.D. CHIEF MEDICAL EX	AMINER 🔲			DATE SIGNED
No.	EXAMINER'S NAME (Type)	5,Ac/1 (1	Collins	ASSISTANT MEDICAL E	-		12	- 5- ST
N	BENDAPAJecula	J J J J		atl. Com.	22d. LOCATION IC German			(Stote) Md.
1	23 FUNERAL DIRECTOR		ADDRESS			246, REGISTRAR'S	SIGNATURE	
John J. Duda 7922 Wise Ave. 22, Md. DATE DEC 11 '59 Outlan & House								t.

TO DEPUTY MILETAL EXAMINER: This certificate should be executed within 14 hour after death. If any deloy is presess execute the constant and 3 to the forners of a should be recarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS A15ME 5M 2/57



13332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND .b. CITY OR TOWN (If outside comparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) OR INSTITUTION (If not in hospital, give street address) d. NAME OF HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First. DATE Middle Month Day Lost Year DECEASED (Type or print) Raymond Bull DEATH Dec.7 1959 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS. Months Days Min. Hours WIDOWED [DIVORCED [Syrs, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 5 4 and pug å 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 1, age 5 mc e poges 1 Give Per EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT yes, give wor or dates of service! 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Crushing injury of chest.compound fracture IMMEDIATE CAUSE (6) leg numerous lacerations lower right Instant **DUE TO** Conditions, if ony, which plang gave rise to immediate cause DUE TO (o), stoting the underlying cause lost "pending" in iner's Office of be used as a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)[19. WAS AUTOPSY PERFORMED? YES I NOTE 20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) ward " Automobile struck a bridge abutment shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) factory, street, office bldg., etc.) Not while ! . M Grork of work Highway Becklevsville.Balto..Md 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that DIRECTOR: 1 death resulted from: Natural causes . Accident 5, Suicide , Undetermined cause Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded 's FUNERAL I ASSISTANT MEDICAL EXAMINER remayal **EXAMINER'S** A. M. France NAME (Type) DEPUTY MEDICAL EXAMINERS 220. BURIAL, CREMATION, 226. DATE THEREOR 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D'BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S) DATE DEC 1 4 '59 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13333 Rea Dist No

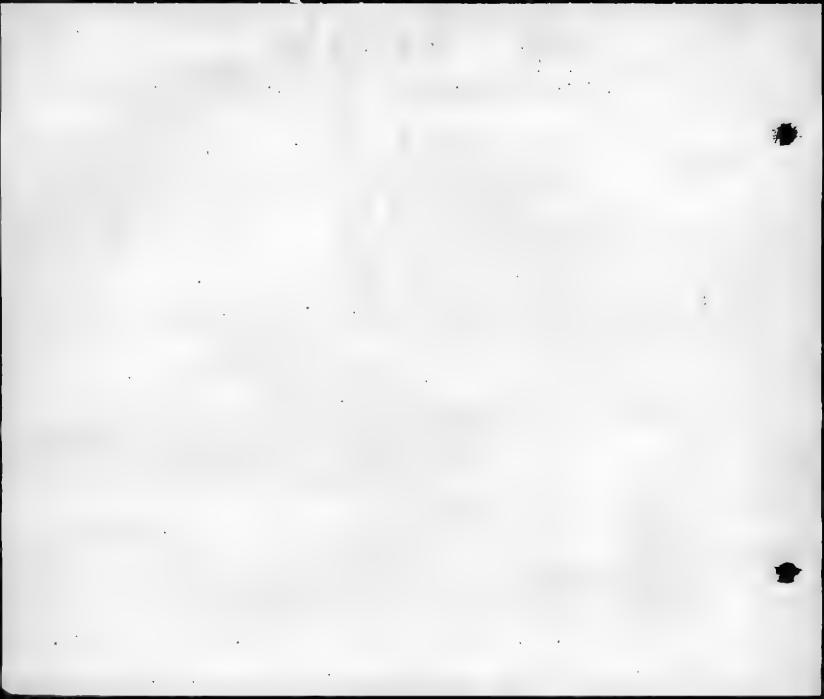
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shavid be filled		,

death. Page 4

neral director.

TO HOSPI	may be	TO FUNER	page 3	the regis
		A19		

MIDOWED DIVORCED 1-19-18 Intribidacy Months Days Month	1		13358 CERTIFICA	ATE OF DEATH	4	Reg. Dist	
RUTAL and give necessal towny Constitution Con	1		a COUNTY IF	O. STATE 1/1	1 11 1		before admission)
d. NAME OF HOSPITAL (IF not in hospital, give siteet oddress) Oct INSTITUTIONS (IF CALL CALL CALL CALL CALL CALL CALL CAL	1		RURAL and give nearest town)	V		nits, write RURAL and gi	re nearest lown)
DECEASED. (Type or print) L P O M. BULLLAND TR. DEATH D	<		d. NAME OF HOSPITAL (If not an hospital, give street oddress) OR INSTITUTION:	d. STREET ADDRESS			ON A FARM?
MOUNT MAD DOWN HOUR DIVONCED D			DECEASED	-	4. DATE	Month 12	A STATE OF THE STA
The process of the pr			M WIDOWED DIVORCED	1-19-18	last A-	birthday) Months (
SUNCE Survey Su		10a	during most of working life, even it retired)	STRY 17. BIRTHPLACE ISTOR	ar foreign country)		
Transport The continuence	/	_	Leroy M. Burch, Sr.	14. MOTHER'S MAIDEN M	Nalke	/h	
PART I. DEATH WAS CAUSE BY Tracked obstruction DUE TO Conditions, if ony, which gove rise to immediate course (a), stoling the under lying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS' PERFORMED? YES ON O CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING COURSED (Either noture of injury in Port II of Hem 18.) 20c. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF CONTRIBUTING COURSED (Either noture of injury in Port II of Hem 18.) 20c. TIME OF INJURY Manih, Day, Vear 19 of While Not while Office bidgs, etc.] 20c. TIME OF INJURY Manih, Day, Vear 19 of While Not while Office bidgs, etc.] 21. I certify that I attended the deceased from 26 1957, to 27 1957, into 1 last saw the deceased live on 1277, 1959, and that death occurred at 2 DM, from the causes and an the date stated about a significant's harder (Type) 22c. BURIAL CREMAT ON 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 12d. IOCATION (City, Iown, or county) Sole! DATE SIGN PHYSICIAN'S NAME (Type) 22c. BURIAL CREMAT ON 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 12d. IOCATION (City, Iown, or county) Sole! DATE SIGN DATE SIGN ELEVICACE 24c. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR'S SIGNATURE		15 (Ye		MRS. Hil	died i	2 1	34 Clifton
Conditions, if ony, which gove rise to immediate course (a), stoling the under lying course (a), stoling the under lying course (a). Thing the under lying course (a). The terminal disease condition given in part 1(a) 19. Was autopsy peeper mediate the life time of the under lying course of peating the life time. The course of peating the life time. The course of peating time life time. The course of peating time life time. Notify mediate examines life time. Notify mediate examines life time. Notify mediate examines life time. Not while lot work of work of work of work of work of work of work. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course and an the date stated about the life time. The course life time. The course and an the date stated about the life time. The course and an interest life time. The course life time to the life time to t			PART I, DEATH WAS CAUSED BY. Too a kon C	obstruction	1		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(o) Part II. OTHER SIGNIFICANT II. OTHER IO. Part II. OTHER SIGNIFICANT II. OTHER II. OTHER II. OTHER II. OTHER II. OTHER II. OTHER III. O			Canditions, if ony, which gove rise to immediate couse (a), stating the under	consulse	na of the	he neck	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of w		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		NAL DISEASE CON	DITION GIVEN IN PART	PERFORMED?
21. I certify that I attended the deceased from 12-6-, 1957, to 2-5-, 1959, that I last saw the deceased alive on 12-21-, 1959, and that death occurred at 2 DM, from the causes and an the date stated about address (Street, city or town, state) ACTUAL SIGNATURE M.D. 12-22 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BUT 12.1 Dec. 26, 1959 Meadow Ridge 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		CERTIFIC	206. ACCIDENT WAS UNDERLYING THE 206. DESCRIBE HOW INJURY OCCURRED		Port I ar Part II of s	tem 18.)	
alive on 2-24-, 19.59, and that death occurred at 2. D.M., from the causes and an the date stated about address (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMAT ON, 22b. DATE THEREOF REMOVAL (Specify) Burial Dec. 26,1959 Meadow Ridge 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE		MEDICAL	Hour a. m. While Not while for	ACE OF INJURY (Home, form clory, street, office bldg., etc	, 20f. (City or taw	rn) (Co	unty) (State)
PHYSICIAN'S NAME (Type) 20. BURIAL CREMATION, 21b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial Dec 26,1959 Meadow Ridge Elkridge Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR'S SIGNATURE			10 70	occurred at 2.		causes and an the	
220. BURIAL, CREMATON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY PREMOVAL (Specify) BURIAL DEC. 26, 1959 Meadow Ridge Elkridge Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE	\$		SIGNATURE	M.D.)	/ 		12-22-5
Burial Dec. 26,1959 Meadow Ridge Elkridge Nd. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE		220	BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
THE RESIDENCE OF THE PROPERTY			Burial Dec. 26, 1959 Meadow Ri	dge			
	,	_	•				IATURE



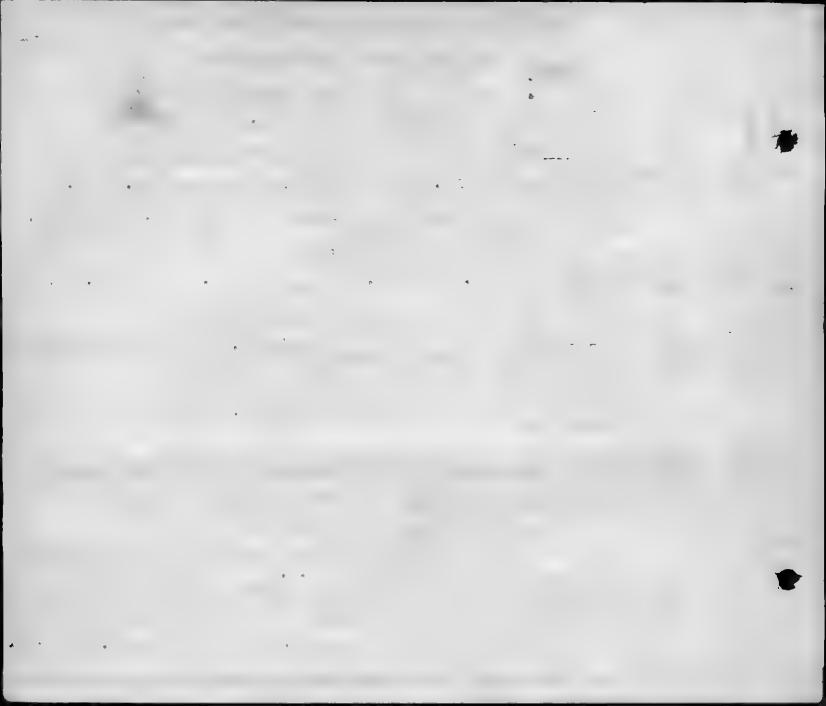
13329

CERTIFICATE OF DEATH

Account	Ü	3	3	4

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	a +
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Balti	more
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give necrest	
OR and giva neares! town) TOWN Turners Station (In this place)	Turners Station	
HOSPITAL OR	STREET . (It rural give location)	
STREET ADDRESS Box 6 Maryland Ave. # 22	Box 6 Maryland Ave.	4 22
3. NAME OF (First) (Middle)	(List) Box 6 Maryland Ave. #	ay) (Year)
(Type or Print) JOHN FREDERICK	BURKHARDT OF DEATH Dec. 2	8. 19.59.
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,		EAR IF UNDER 24 HRS.
	18, 1892 67 yrs. MORITIS	ays Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. 8.RTHPLACE (State or foreign country) 12.	COUNTRY?
done during most of working life, evan if relited Retired Amer. Smelt&Ref.	Baltimore, Md.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Burkhardt	Florence Schneider	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no. or unk.] (W Yes, give wer or detes of service)	17. INFORMANT & ADDRESS	
(Yes, no or unk.) (N Yes, give wer or detes of service)	Louise U. Burkhardt	Same.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Contractor	ulas ando Y	2.1.1.10 4000
1 IMMEDIATE CAUSE (A) CERET CONTROL OF THE CONTROL	· Williams	- Freeze
DISEASES OR CONDITIONS, IF ANY, (B) ALINE'SLE TO	E. C- Villacase	10.4/2ars
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		1
STATING CAUSE LAST. (C)	4 4	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Je ma well, attima	20 years
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO K
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? [City or town] [County]	(Stele)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while Not while all work all work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I altended the deceased from Chit	19 19 10 10 19 1, that I las	t care the decored
alive on and the deceased from the deceased from and that death occurred a		
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
2xt Morrison M.D.	3Kurtuis Red Ball 22	30166,55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
Burial 12-31-59. Holy Rede	emer Cem. 4430 Belair Rd.	Balto Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	I 25. FUNERAL DIRECTOR'S SIGNATURE ADD	PESS - POSTICE
DATE DEC 3 1 '59	DI 1 O 901 S. CONKLI	NE ST.
DATE LIEU 3 1 09 Mail and A	KUNDMUND SPLEN BALTO,	-4,MD.

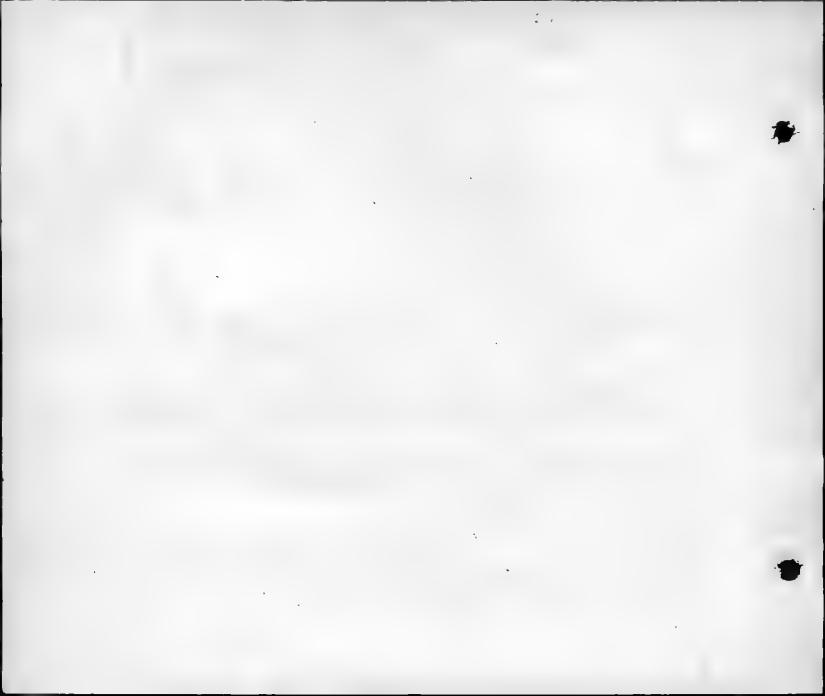


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



22c. NAME OF CEMETERY OR CREMATORY

Western Cem.

22b. DATE THEREOF

220. BURIAL CREMATION

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S STOMATUR

Year

1959

(Stote)

(State)

22d. LOCATION (City, town, or county)

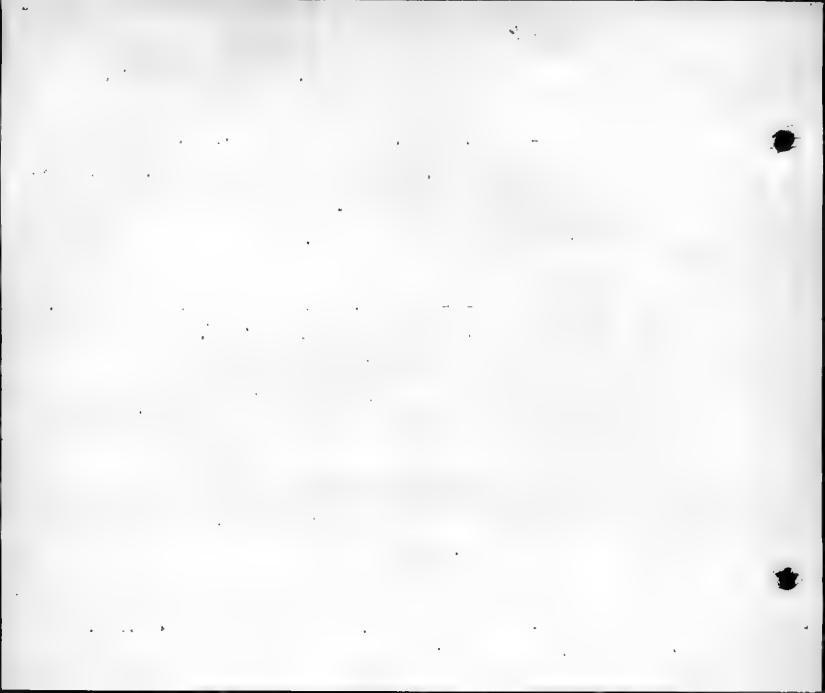
24a. REC'D 8Y REGISTRAR

Balto. Md.

Cistary S. Kroud

24b. REGISTRAR'S SIGNATURE

FUNERAL page Y DE 0 9 VS A15 (4) 15M 9/58



Pag Dist No

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4	2	

- 3		Keg. Ui	7. No. >-
	1. PLACE OF DEATH C. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE AND b. COUNTY TA	BOT
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)		
	Mt. Wilson	EASTON 20	46 -
2.	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
- Ar	Mt. Wilson State Hospital	MIT THOROGOOD	YES NO X
	3. NAME OF DECEASED (Type or print) RUSSELL LEE	CARTER 4. DATE Month OF DEATH /2 -	0oy Year // - 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	MALE COLORED WIDOWED DIVORCED	4-12-29 Jost birthdoy) Manths	Doys Hours Min
1	10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	OUSTRY 11 BIRTHPLACE (State ar foreign country) 12 CIT	IZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME		L.S. A
	IJ. FAIHER'S NAME	14 MOTHER'S MAIDEN NAME	
	JAMES CARTER	MINNIE SIFT	
	(Yes, no or unknown) 1 (If yes, give war or dates of service)	. INFORMANT Address	
	NO 218-20-849.2 H	ospital Records, Mt. Wilson State	Hospital
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY. A ROCECO	OF LUNG	ONSET AND DEATH
	IMMEDIATE CAUSE (6) 77 60 5 E 33	0/ 25//4	
			7 weeks
	Canditians, if any, which gove rise to immediate (b)		1 west /cs
	cause (a), stating the under.		
	lying cause lost. (c)		
<u>}</u>	PANT II OTHER SIGNIFICARY CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING 70b. DESCRIBE HOW INJURY OCCUR 200. ACCIDENT WAS UNDERLYING 70b. DESCRIBE HOW INJURY OCCUR 0 or CONTRIBUTING 1 CAUSE OF DEATH 1 (If EITHER NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OPEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I or Part II of item 18.)	
	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f (City or town) (C	aunty) (State)
	Haur a m. While Not while	factory, street, office bldg., etc.)	
	30		
	21. I certify that I attended the deceased fram. 1.2	4-, 1957, ta 12-11-, 1957, that 11	
	alive an 12 7 and that dea	th accurred at S. A. M. fram the causes and an th	ne date stated above.
	and the property of	ADDRESS (Street, city or town, state)	DATE SIGNED
,	ACTUAL SIGNATURE	M.D. Mt. Wilson, Maryland	2-11-59
-	PHYSICIAN'S		-
	NAME (Type) William Newcomer, M.D.	Superintendent	
	220. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY	OR CREMATORY 22d OCAHON (City, town, or county)	(State)
	Burnow, Let 16 1939 Hermely	Seine Clasion	ma
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	7.12. Junion Junapiece	mol DATE DEC 15 '59 Control &	. / \\

TO HOSPITAL OF ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retain by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Epoch funeral director. page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Palles 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after a figure. VS A15 (4) 15M 10/57

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Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 - .

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director

funeral

Filed

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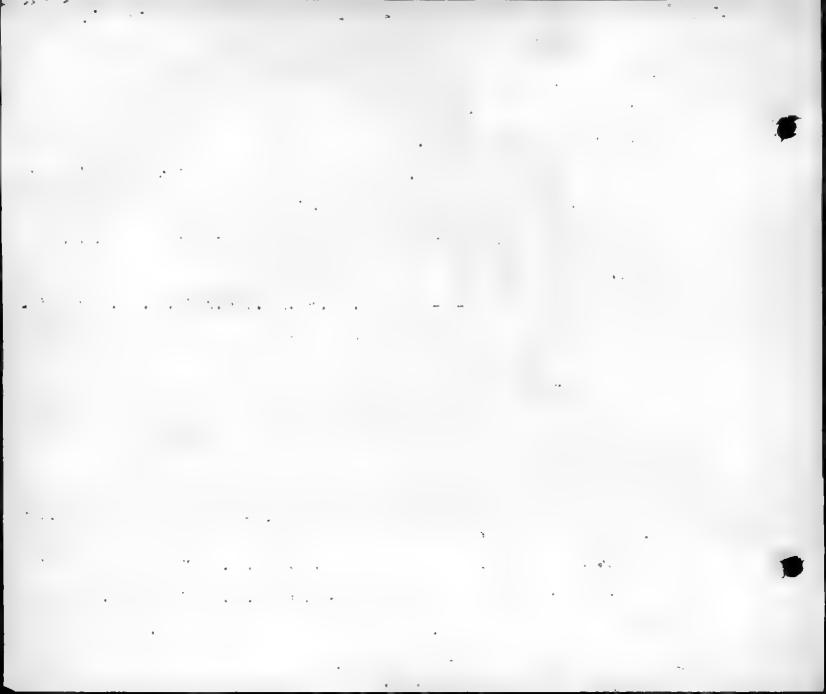
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he registror

VS A15 (4)

15M 9/5B

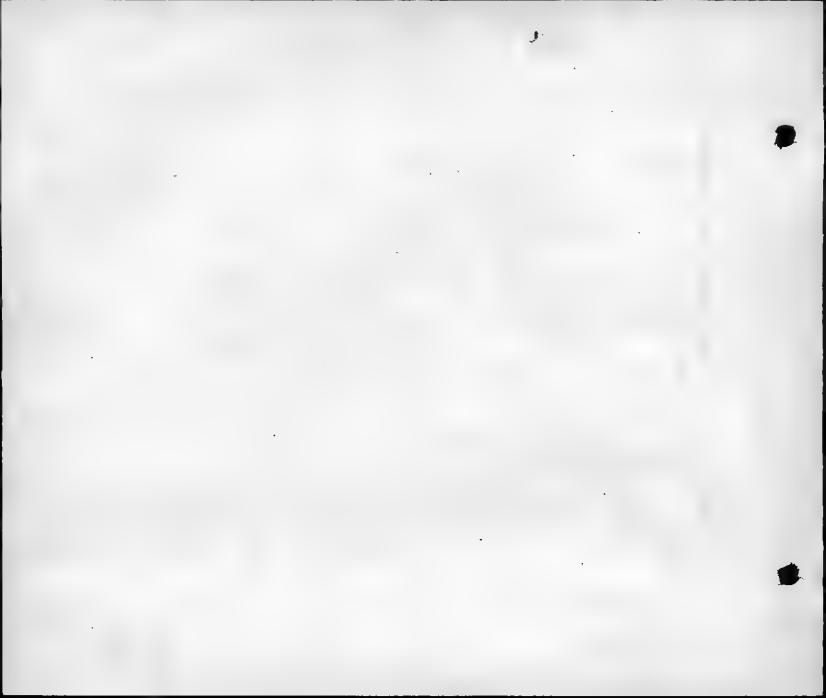


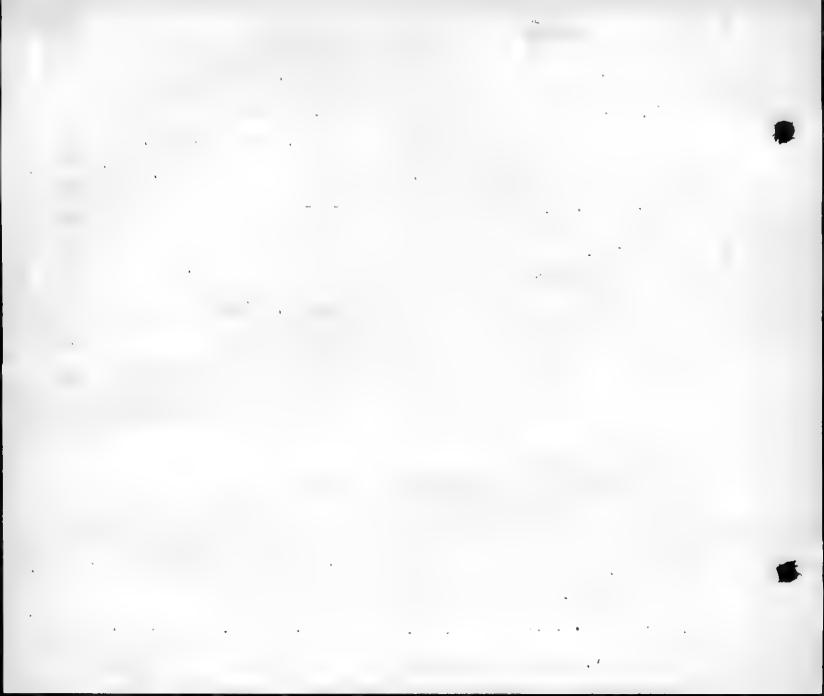
death certificate



Items 8,9 FilmG253 12-28-59 et CERTIFICATE OF DEATH 13364 Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admirsion) a. COUNTY b. COUNTY MARYLAND deoth. b. CITY OR TOWN (If outside corporate limits, write RURAL/old give neorest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if) outside of parate limits, write RURAL and give nearest town) should d. NAME OF HOSPITAL (If;not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO hour Ξ. NAME OF Middle Lost DATE Month Year Day OFCEASED (Type or print) OF DEATH HENOWETH 1 Fec 6 19 V 6, COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED T DIVORCED T Nov. 1872 100. USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH LACE (Stole or foreign country) 12. CITIZEN ØF-WHAT COUNTRY? during most of Working life, even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician that the death certificate CHENOWETH. ASBURY JANDERSON UANE haur 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ESTER CHENOWETH 2820 CHENOAFAVE 2 aftending 0 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 420.1 **DUE TO** ó permit. Conditions, if any, which signed gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(6) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY-MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home; farm, 20f. (City or town) factory, street, office bldg., etc.) (County) (Stote) Hour d. fl. While Not while at work of work ベスペン 21. I certify that I offended the deceased from that I last saw the deceased olive on and that death occurred of __M, from the causes and on the date stated obove. ADDRESS (Street, city or town state) DATE SIGNED ACTUAL shauld PHYSICIAN'S TO FUNERAL NAME (Type) 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) H135 EMETERY BURIA 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Out! un S. Traus VS A1S (4) 15M 9/5S DADEC 21

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





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13343

	79900		CLKIII		IL OI DEATH				Reg. Dist. No.			
1 PLACE OF DEATH 0. COUNTY	altimore		MARYLA	UND	a. STATE	ence (who	re decensed live	J. If institution b. COUNTY	ni Residence Balti			on)
b. CITY OR TOWN (If RURAL and give no	outside corporate limi	ls, write	c LENGTH OF STAY IN	116	c. CITY OR T	OMM (It or	utside corporate l	imits, write RU	IRAL ond gi	ve negre	st lawn))
Catonsv	ille		26yr 7mth23	ldy	/ 1	4 . 1	7 /		1 1.	4	~	
d. NAME OF HOSPITA	KL (If not in hospital, g	ive street o	oddress)		d STREET A						IS RESI	DENCE FARM?
	ROVE STAT	E H	SPITAL		2012]	lobb i	Street				YES 🔲	№ 🗌
3. NAME OF DECEASED	Fir	af	Middle		Lost		4. DATE OF	Mont		Doy	Y	ear
(Type or print)		hn			Clay	rton	DEATH	Decen	nber	12	1	9 59
5. SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARRIED		. DATE OF BIRTH		9. At	GE (in years st.brithdoy) 94 yrs.	Months I		Hours	R 24 HRS Min.
male	white	WIDOWE	D Sep DIVORCED		October	1.7,	1865	94 yrs.	, , , , , , , , , , , , , , , , , , ,	20,1	ricors	WIFI,
100. USUAL OCCUPATIO during most of worki	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OR	INDUS'	1	rylan		1)		S.		COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
John J	F. Clayton					Sar	ah DeMos	S				
IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT			Addre	P15			
(Yms. no. or unknown) (I	f yes, give war or dates of s		Unknown	Rec	ords: S	PRING	CROVE	STATE	HOS	PITA	L	
18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne for (o), (b), and (c))	-	1					INTER	VAL BET	WEEN
	H WAS CAUSED BY.	12.	according.	727	الدوراء الماروان					ONSET	AND	DEATH
1/000	DUE TO	,,,,,	Called Start Services	J.	<u> </u>					-« ₎	. #	50
Conditions, if an		Corre	Diasel Oa	0.15	151022					~×'*	4	hre
gave rise to in	mediate (11	<u> </u>	19	,	,					
cause (o), stoling t lying couse last,	ne <u>under-</u>	1/32	ertosilore	Tic	lan	1000	SCHOK	13:30	as E.			
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE COI	NDITION GIVE	N IN PART		PERFO	NO [
200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	(Enter nature of	injury in P	ort I or Port II of	item 16.)				
20c, TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While	Not while		CE OF INJURY (I lory, street, office			own)	(Ce	ounty)		(State)
	at Lattended the	decens	ed fram Dec.	11	. 1959	to Fr	en 12	- 10/59	that I le	act cou	the	decensed
alive on	EC 1/	10 5			accurred at	pg so s	7	./				
direction of			1/2, and mare	icuiii	occorred de		ADDRESS (Street,			e date		TE SIGNED
ACTUAL												
PHYSICIAN'S NAME (Type)					Cato	nsvil	le 28,	Marylar	nd			
220. BURIAL, CREMATION	12/14/5		Fork Metho			згу	22d LOCATION Fork	(City, town, o			(Strate	1
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'C	BY REGISTRAR		TRAR'S SIGI	NATURE		
Lassoh	TL		n7+i	25.3		DATE						

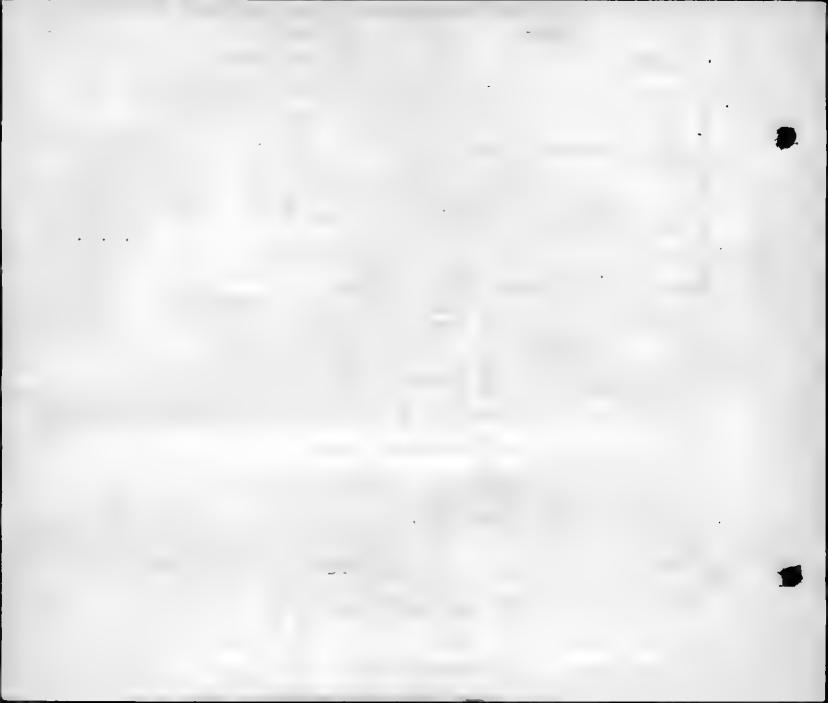
may be reta by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove section papers. Pages 1 and 2 should be the burial-transit permit. Then please remove section papers. Pages 1 and 2 should be the egistrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. 1 VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

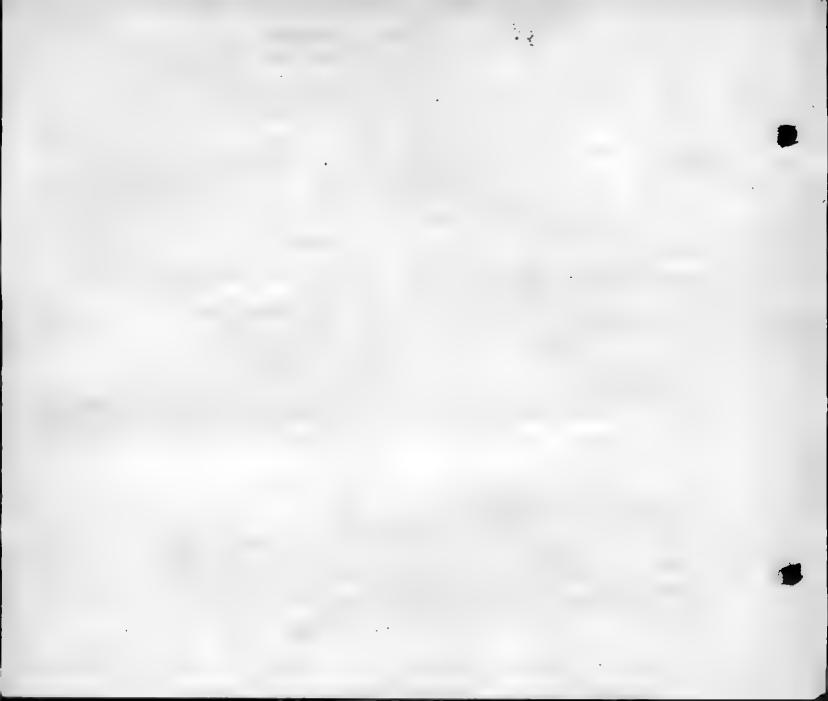
ofter death, Page 4



requires that the death certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 1SM 10/S7

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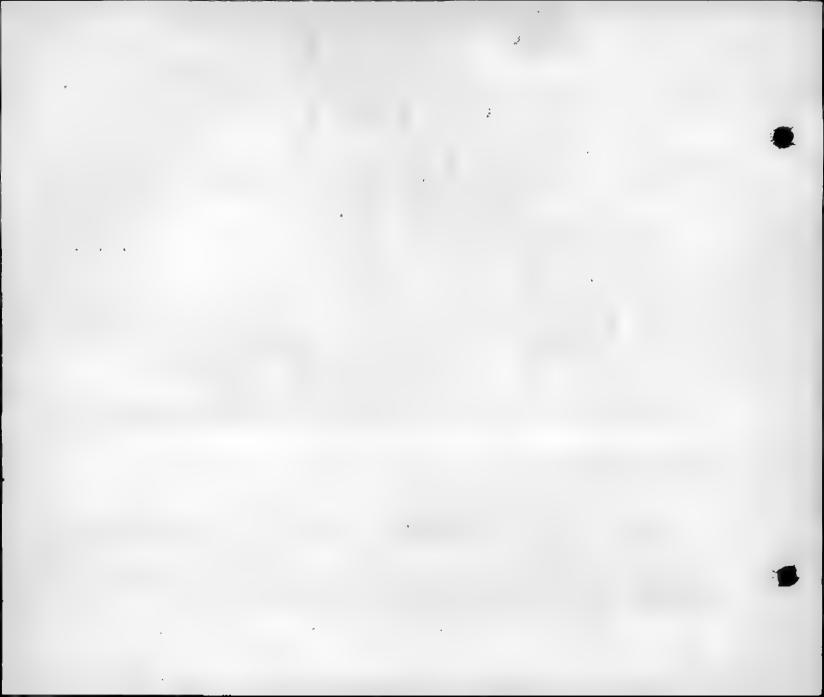
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13368

CERTIFICATE OF DEATH

13345

Reg. Dist. No.

												0		
		PLACE OF DEATH D. COUNTY	Baltimore		MARYL	AND	2. USUAL RESID 0. STATE	ence (Wh		d lived. If ins b. COU	INTY _	esidence be	_	
		b. CITY OR TOWN RURAL and give of Catons		its, write	3yrlOmth8	- 1				D. C.	ile RURAL	and give r	nearest tow	n)
4		d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION		address)		d. STREET AD						e. IS RE	SIDENCE A FARM?	
1			FRO E STAT	E HO	SPITAL.		3112 Par	rkway	err	ace] NO []
		NAME OF DECEASED (Type or print)	Nell:		Middle Nancy	1	Colegrov	е	4. DATE OF DEATH	Ī	Month EC.		Doy 27	Year 19.59
	S 5	SEX	6. COLOR OR RACE	7 MARR	RIED NEVER MARRIED		. DATE OF BIRTH		1	9. AGE (In y		NDER I YE		ER 24 HRS
		'emale	white	WIDOWI		1000	Dec. 20			93	yrs. Ma	nths Day:	Hours	Min
	10a	. USUAL OCCUPATI during most of war	ON (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLA	CE (State	ar foreign c	country)	1	2. CITIZEN	OF WHA	COUNTRY?
	10	schoolt	eacher						vania			U. S	S. A.	
	13.		G. Bromwe	17			14. MOTHER'S							
	15		ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 15	Keb	ecca	Gilma	n	4.11			
	AlYes	ikno or unknown)	(If yes, give wor or doins of s		Unknown		cords:	SPRI	NG G	ROVE S	Address STATA	HOS	PITAL	
_	-		ATH [Enter only one co	use per lie	ne for (a), (b), and (c).]				- *************************************			IIN	TERVAL B	ETWEEN
		PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (d)	BRONGHODI	VEU	MONIA						NSET AND	DEATH
		" 11K	DUE TO	,	(= 1 = 1	7	- A / 4:=	_/						
		Canditians, if a)	LIENGLAL	1	CK/L/I	<u>/</u>						
		couse (a), stating	the under-				/							
	z				CONTRIBUTING TO DEAT	H BHT I	NOT PELATED TO	THE TERMI	NAL DISEAS	E CONDITION	LCDYSNIIN	L DART 1/-	TIO WAS	AUTOBOV
	CERTIFICATION						TOT REDUIED IO	TIE TERMIN	INAL DISEAS	E CONDINOR	- GIVEN IF	Y PAKI IQO	PERFO	RMED?
		200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature of	injury in P	art 1 or Par	t It of item 1B	.)			
	EEIICAL	20c. TIME OF INJUI Haur a.m. p. m.	RY Month, Day, Ye	20d. If While of work	Nat while	Oe. PLA fact	CE OF INJURY (Harry, street, affice	ome, form, bldg., etc.	20f (City	or town)		(Count	yì	(State)
		21. I certify ti	hat I attended the	decease	ed from JULY	1.1	19 59.	to DE	C 2	7 . 19-	54 the	nt I last	sow the	deceased
			e, 27	., 19		leath	occurred at	2:15/	M, fro	n the cause	es and	an the d	ate state	ed abave.
			11 6	- (P's				ADDRESS (S	treet, city ar to	own, state))		ATE SIGNED
		ACTUAL SIGNATURE		/ >	Typ	٨	SPRIN	ig g	RO E	STATE	HOS	PITAL		
		PHYSICIAN'S NAME (Type)	P.K.	W	ip Mil)_	Cato	nsvi	lle 28	B. Mary	land			
	220	BURIAL CREMATIC	ON, 22b. DATE THEREO	59	22c NAME OF CEMET	ERY OF	CREMATORY		22d LOCA	TION (City, to		inty)	(Stol	re)
É	23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	BŁ	10	DE	BY REGIS	RAR 24b. I	REGISTRAR	's SIGNAT	URE4	
	2	DANCE	1111WF V	47 0	n Ja	u	X0	DATE -						
		1011/6/	EN FUN	UERA	THOME									



CERTIFICATE OF DEATH

		20000	CERTIFICA	TIE OF DEATH	1	Reg. Dist. 1	No.		
	1. PLACE OF DEATH				nere deceased lived. If institution	n. Residence b	efare admission)	
	o COUNTY Balt	imore	MARYLAND	o. STATE Maryla	nd b. COUNTY		1		
1	b. CITY OR TOWN (IF	outside corporate limits, write	c LENGTH OF STAY IN 15		outside corporate limits, write RU	JRAL ond give	nearest tawn)		
	RURAL and give ne		13 days	Baltimo	re ov	21 4			
	d. NAME OF HOSPITA	AL (If not in hospital, give street		d STREET ADDRESS			e. IS RESIDE		
>	Veterans	Administration	n Hospital	1208 McE1	derry Court		ON A FA		
	3 NAME OF DECEASED	First	Middle	Last	4. DATE Mont	th	Day Yea) [
	(Type or print)	FRANK	I.#	COLLETT	DEATH Decem	ber	6 19	59	
	5. SEX	6. COLOR OR RACE 7. MAI	RRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)		AR IF UNDER 2		
	Male	colored WIDOV	VED DIVORCED	May 29, 191	المراكبة المالة	Manths Doy	ys Hours	Min	
	100 USJAL OCCUPATIO	N (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or fareign country)	12 CITIZEN	OF WHAT COU	JNTRY?	
	BARBER	ing life, even if retired)	Barber Shop	Baltimor	e. Maryland	U 3	3 A		
	13. FATHER'S NAME		*	14. MOTHER'S MAIDEN N	NAME	1			
	Herbert (Collett		Rebecca	Pratt				
}	15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 116	S. SOCIAL SECURITY NO.	NFORMANT	Addr	ess	Divisio	on	
	(Yes, no, or unknown) (Yes	If yes, give war or dates of service)	220-01-6763 C1	in.Rec.Vet.Ad	m.HospitalBalt	o 18.Mc	Ft.Hov	mrc	
	18 CAUSE OF DEA	TH [Enter anly one cause per				10	NTERVAL BETW	/EEN	
	1 1	TH WAS CAUSED BY:	EDEMA LINGS			C	HOURS	EATH	
	331X	DUE TO	PRESENT LINGS				поша		
	Conditions, if an	bt. \	THE MODELLA CITY TO 2	MINI TO COMMAN T	· /***		THITIMICS	TAT	
	gove rise to in	n mediate (HEMORRHAGE RJ	CHI FRONTAL I	<u>.UBE</u>		TINKNO	N IN	
	couse (o), stating to lying couse lost,	he under-							
		ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT ON GIV	EN IN PART 1(c	19 WAS AU	TOPSY	
	[E]			_			PERFORM YES X	NED?	
		EMPHY SEVATOUS BLEBS BOTH LUNGS Too. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)							
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)							
	S 20c, TIME OF INJUR	Manth, Doy, Year 20d.		ACE OF INJURY (Home, form		(Caun	ity)	(Slole)	
	20c, TIME OF INJURY Hour o.m.	19 While	e Nat while for	ctory, street, office bldg., etc	-)				
		TTA	used from November	22 10 EO to Do	namban 6 10 EC	Mondrathalauter	merciles des		
			xxxxx and that death						
	a Macanacax		XXXXX, only file decin	occurred of Tatal	ADDRESS (Street, city or lawn,		DATE S		
	ACTUAL SIGNATURE	Les 161/m	whole	VAH BALTO	18, MD FT HOWAR		12/7	1/59	
	SIGNATURE	Carrier	- free	M.D. 11111 201110					
	PHYSICIAN'S NAME (Type)	OHN W. CRAWFOR	RD. M.D.	VAH Balto	18.Md. Ft How	ard Div	. 12/	7/5	
	220. BURIAL, CREMATIO		22c NAME OF CEMETERY O		22d. LOCATION (City, town,	-	(State)		
	REMOVAL (Specify)	12-10-195			Baltimore, Ma		(0.0.0)		
	Burial 23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS			STRAR'S SIGNA	TURE		
			200 at Manuac Ct		DB0 4 4 150	Telma 8	4.		

sr death. Page 4 M

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 Maurs Ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITAL VS A15 (4) 15M 9/5B



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13370

CERTIFICATE OF DEATH

1/353

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1. PLACE OF DEATH o. COUNTY	Balte.		MARY	/LAND	2 USUAL RESIDENCE OF STATE	-		b COUNTY	Residence be		ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)		IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Weedlawn 15 Yrs				X Woodlawn Balto. 7, Md.							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
	d Road (Quak	cer H	111)		Dogwood	Road	(Quak	er Hill	1)		но 🔲
3. NAME OF DECEASED	Fir	'st	Middle		last		DATE	Month	1	Day	Year
(Type or print)	G.					OF DEATH 12 29					
5. 5EX	6. COLOR OR RACE	7 MARE	HIED 🔲 MENERAL ALABAMINI	神が神	B. DATE OF BIRTH		9. AC		FUNDER I YEA	R IF UNDE	
F.	W.	***		* 4Tk	Feb. 18,	1885	7	birthday) yrs.	Months Days	Hours	Min,
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE	(Stote or fo	oreign country	)	12. CITIZEN	OF WHAT	COUNTRY
Housewi		<b>'</b>	Home		Germ	any			U.S.	A	
13. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAM	E				
Districh Albers Helena Kuhlman											
15. WAS DECEASED EVE		CES? 16	SOCIAL SECURITY NO	17 17	FORMANT			Addre	" Quake	r Hil	1
No	None		13-01-7677	Be	Mr. Karl	W. Se	haper	Dogwood	i Road,		
	TH [Enler only one co	1/2.	ne for (a), (b), and, (c)	1/	· One Can	12.	¥		IIN	TERVAL BE	DEATH
	IMMEDIATE CAUSE (o	من رسال	ergas in	Will	ara ace	Utille	1		/	day	
44 1	DUE TO	din	CITAMAINE.	[ [ ]	Luzara		Deller	_		-/-	71 / 6
Conditions, if a gove rise to it	mmediate (	7 /3	encrunic (	1/	aurun		eveu -		/.	>1414	4 >
cause (a), stating the under-											
	J (c IER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH RUT	NOT PELATED TO THE	TERMINIAL	DISEASE COL	IDITION CIVE	NI INI PART YOU	10 MAC	ALITOPEY
TA L									14 114 17 261 1(0)	PERFO	RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of inju	ry in Port	l or Part II of	item 1B.)			
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yes		NJURY OCCURRED	20e. PLA	CE OF INJURY (Home	, form, 2	Of. (City or to	wn)	(County	1)	(Stote)
₩ p. m.	19	While at work	k at work			, 010 /					
21. I certify th	at I attended the	deceas	ed fram Jan o	8	1953 la	1220	27	19) 7	that I last	raw the	decense
alive an Det	-3H	. 195	The state of the s		accurred at //		. from the	COUSES OF	d on the d	ale state	d about
( )	4)	0,	100				RESS (Street, c				ITE SIGNE
ACTUAL SIGNATURE	AMUX (	. 12	'heeler	^	N.D. 340/ C	lifn	141/4		7 -	12/3	10/59
PHYSICIAN'S NAME (Type)	HOS. E.	CHE	ELER		1 da se de 18 en se pe pe que pe 10	B	PLTO	) - /	no		
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	)F	22c. NAME OF CEMI	ETERY OF		22d	LOCATION (			(Stote	)
Buriel		1960	Taylorsv	1114	Cemetery			sville			
23. FUNERAL DIRECTOR'S		5	ADDRESS	tre De		REC'D BY	REGISTRAR		RAR'S SIGNATI		
LORING BY	11(5)		3728 Libert		PAI	EJAN 7	160	Cirt	un S. Tha	us	
Randalistown, Md.											

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH-2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY b. COUNTY MARYLAND PTTOOR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY_OR_TOWN (If autside_corporate limits, write RURAL and give nearest town) RUBAL and give pearest town d NAME OF HOSPITAL IIF not in haspital, give street address. d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First 4. DATE Middle Month Day Year OF DEATH (Type or print) 19 5 5. SEX 6 COLOR OF RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last_birthday) Months Days Hours WIDOWED [ DIVORCED [ yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY W BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Jehdek N RACTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY mmediale IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATIOI PERFORMED? YES 🗍 NO R 20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Doy. (County) (Stote) factory, street, office bldg., etc.) a.m. While Not while at work 🖂 at wark 21. I certify that I attended the deceased from 1931, that I last saw the deceased alive on and that death occurred at & 712. M, from the causes and an the date stated above. ADDRESS (Street, neity or town, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b DATE THEREOF 22c. NAME, OF CEMETERY OR CREMATORY 22d. LOCATION (City_fown, or county) (Stote) REMOVAL (Specify) K, A ( wind

24o. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Clothur & House

ADDRESS

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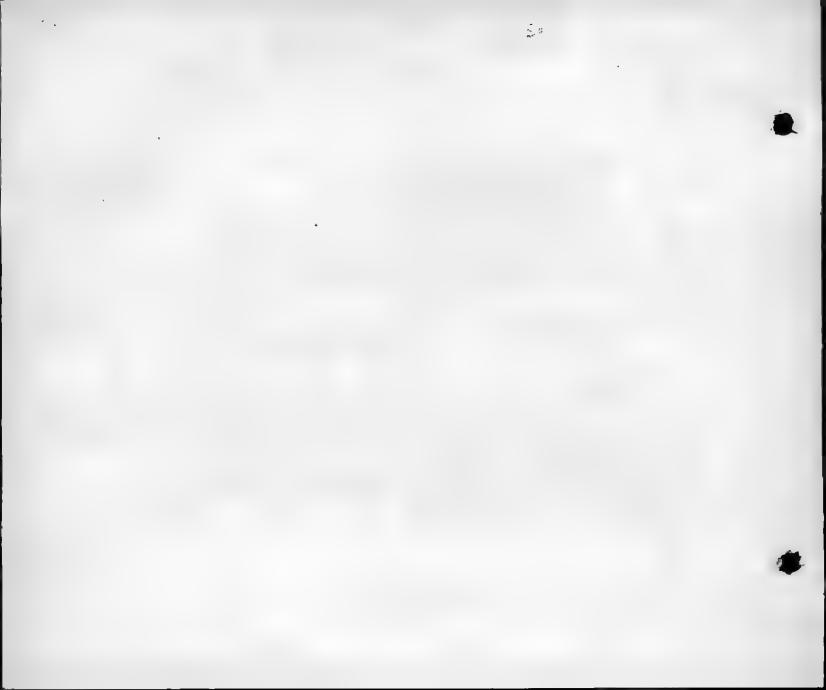
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23. FUNERAL DIRECTOR'S SIGNATURE

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death

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may be retain. If the haspital at attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and campletely filled in by fun page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the registrar priar to burial, cremotian, at remaval, and in any event within 72 hours after death.

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

death. Page 4

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	CE OF DEATH		2. USUAL RESIDENCE (V			before admission)
0. 0	COUNTY Baltimore	MARYLAND	o. STATE	E	COUNTY BALT	0.
	CITY OR TOWN (If outside carporate limits, write (URAL and give nearest town) /	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and gi	ve nearest lawn)
12	ufhervill2	\$0 years	X LUTH	ERVILLE		
d.	NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION)	oddress)	d. STREET ADDRESS		Λ	e. IS RESIDENCE ON A FARM?
30	5- plalanchten	for.	305	MELANC	HTON HVE	YES NO
3. NA	ME OF First	Middle	Lasi	4. DATE	Month	Day Yeor
	pe ar print) GWYNN	C	ROWTHER	OF DEATH	VEC .	20 1959
5. SEX	6. COLOR OR RACE 7. MARK	IED NEVER MARRIED	B. DATE OF BIRTH	9. AG	1, 3, 4, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	YEAR IF UNDER 24 HRS.
	M MIDOMI	DIVORCED	MAY 28, 188	82 7	7 yes Months [	Pays Hours Min
10o. U	SUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stol	le or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	ET. BANKER +	INANCIAL	MARYL	AND		U.S.
13. FA	THER'S NAME		14 MOTHER'S MAIDEN	NAME	. 1	
/	JOHN CROWN			MENA	HISS	
	AS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	A	Address	Λ
	No R	6-14-1065A	L KENNETH	- KOMITIE		HBOVE
18	CAUSE OF DEATH [Enter only one couse per li					INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	pronchos	sale a mos	4100		y day.
	51.0 DUE TO	, , , , ;		- 41	,	A- 11 11
	Canditions, if any, which (b) 1124	lastatic from	usitional	CA// CUL	1 Ja Hde	J MENT
	> DUE TO	ransition			11. dolor	1 1 mana
						5-0 100
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER!	MINAL DISTASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
		- 0				YES NO L
	OB. ACCIDENT WAS UNDERLYING 206. DESC R CONTRIBUTING 2 CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury is	N Portion Portill of a	fem 18.j	
WEDICAL 02		a de	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f (City or low	/n) (Co	ounty) (Slate)
WED	Hour o.m. While of worl	AND ARRING	clory, sireer, office bldg., e	rc.)		
2	1. I certify that I attended the decease	ed from March.	19V-8 10 E	Jecember	195 That I le	ist saw the deceased
	live an December 18 195	and that death	accurred at 8 14	M. from the		e dote stated abave
	1	a do		ADDRESS (Street, ci		DATE SIGNED
A SI	CTUAL GNATURE	DE UTILL	M.O. 1707 No.	fore Daver	e Dot Luds	harville
	HYSICIAN'S AME (Type)				pe	12-26
	URIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O	D CREMATORY	22d 10CATION //	City, tawn, or county)	(54.44)
2	EMOVAL (Specify) IN 77 - CA	DRUID RICK	16	PIVESSI	ILLE	(Stote)
	NERAL DIRECTOR'S SIGNATURE	ADDRESS /	240 PF6	C'D BY REGISTRAR	24b. REGISTRAR'S SIGN	NATURE
ILI i	16 IGALVIAKE SOUS CO	LANC VOOV	/- DA 1	0 0 1 150	C1-11-0 8 41	



2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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1 PLACE OF DEATH

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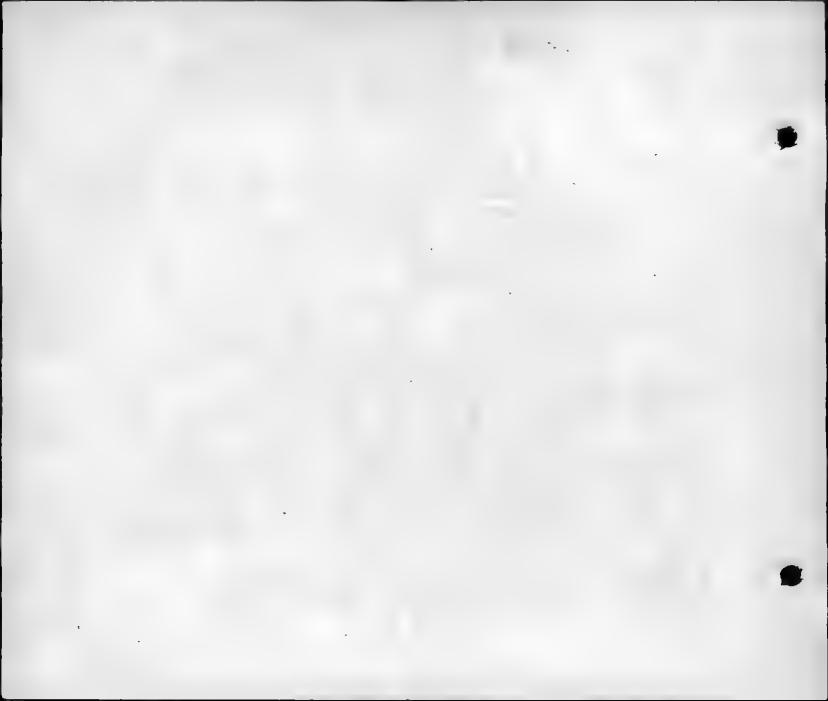
TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

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requires that the death certificate be

	'	a. COUNTY Balt	timore		MARYL	AND	o STATE	Md.		b. COUNT	Bal	tim	ore	
			If outside corporate limit earest town)	ts, write	c. LENGTH OF STAY II	N 1b		own (If o		rote limits, write	RURAL ond	give nec	rest lown	1)
X		OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET A		Mill	Rd.			e IS RES ON A YES	FARM?
		NAME OF DECEASED (Type or print)	Annie	st	Middle R •		Curtis		4. DATE OF DEATH	Dec		25,	,	Year 19 59
	5. 5	sex Female	6. COLOR OR RACE White	7 MARI WIDOW	RIED NEVER MARRIED		B. DATE OF BIRTH			9 AGE (in years last birthdoy) 85 0 yrs	Months	Doys	Hours	R 24 HRS. Min.
= 3	100	during most of wor HOUS	ON (Give kind of work of king life, even if retired OWITE	done 10b.	KIND OF BUSINESS OR Farm	INDUS	STRY 11. BIRTHPL		or foreign o		12.CI		WHATC SA	OUNTRY?
	13.	FATHER'S NAME George	e Bruehl				14. MOTHER'S		NAME DECCE	Rvan	7			
	15. (Y#			CES? 16.	social security no. None	l	NFORMANT 's . Ernes				dress			
dny event windin	<i> </i> -		TH WAS CAUSED BY, IMMEDIATE CAUSE (o DUE TO Ony, which	7	ne for (o), (b), and (c).]  Addice  Lyperten							ONS	RYAL BE BET AND Calca	TWEEN DEATH
remayal, and in	CERTIFICATION		) (c	DITIONS	CONTRIBUTING TO DEAL CONTRIBUTION OF THE POW INJURY OF	1)	tyrs.			_	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED? NO
ovrial, cremanan, ar	MEDICAL CE	20c. TIME OF INJUI Hour o. m. p. m.	MEDICAL EXAMINER) RY Month, Day Yes  mat I ottended the  2 -23	while	Not while	22 4-	ACE OF INJURY (Italian), street office	bldg , etc	-12=	Z. 6. 1959	,thot I I			
וומי מוומי ומי		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	2.2.6 D.D.C	AT	LES.	M	M.D	Peis	Lisso	town	Rd-	d.	DAT	E SIGNED
rne registra	220 E	REMOVAL Specify	Dec . 28,		22c. NAME OF CEMET Black R			erv	_	rion (City, town,	or county)	7.1	lot2)	e)
do.		funeral director Edward C		На	ADDRESS mpstead, Mo			24a REC'	D BY REGIST	RAR 24b REG	ISTRAR'S S		RÉ	





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH L'PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institution: Residence before edmission) Inecor Fles. to. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mrts, write RURAL and give nearest lown) for your write RURAL end give neerest fown) Baltimore Rosedale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RÉS DENCE ON A FARM? 6600 Block Pulaski Highway_Midd. retained he State B Belair Road YES NO TO death. 3. NAME OF DATE Year DECEASED OF the (ANTHONY) (Type or print) DEATH ANTONIO Di GUARDO 19 December <u>₹</u> 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR ' IF UNDER 24 HRS. lest birthday) Months and WIDOWED DIVORCED T Male 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) self-employed 8. Give Pages Gardener Italy Italy pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Salvatore DiGuardo Ida Calvonara E e Form any event WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give we rordates of service) Salvatore DiGuardo, son. 3124 none Kentucky Ave 18. CAUSE OF DEATH JEnter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease. Office DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stelling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6) 19. WAS AUTOPSY PERFORMED? 8 NO Medical pino 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion ō forwarded I Accident Suicide [ Undetermined manner death resulted from. Natural causes IX Homicide | CHIEF MEDICAL EXAMINER ( ACTUAL ASSISTANT MEDICAL EXAMINER T DATE SIGNED SIGNATURE PUNERAL. 2 DEPUTY MEDICAL EXAMINER DEPUTY EKAMINER'S Petty M.D. Add NAME (Type) Charles S. Address (Street, city, Iown, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, town, or country) REMOYAL (Specify) 0.40 p Lorraine Mausoleum Baltimore 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Krous Charles E. Schimunek Funeral Home 5M 7/59 DATE Brehms Lane

MARYLAND STATE DEPARTMENT OF HEALTH



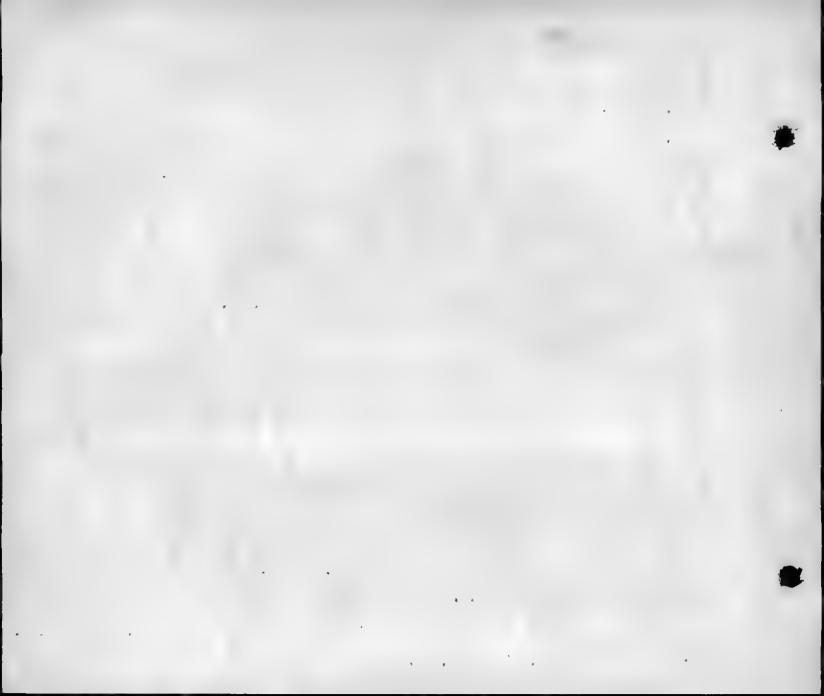
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fer death: Page 4	1.	PLACE OF DEATH COUNTY Baltimore	County		M	ARYLAND
offer death		b. CITY OR TOWN (IF RURAL and give new Mt. Wilson	Maryla:	nd	c. LENGTH OF ST	
d 2 sha		d. NAME OF HOSPITA OR INSTITUTION MILSON	AL (If not in hospita L State Ho	t give street ospita.	oddress)	
24 hour	3.	NAME OF DECEASED (Type or print)	Walter	ichae	1 Doczki	owski delis
within 24 lely fille Poges l	5. 3	SEX	6. COLOR OR RAC	E 7. MARR	IED NEVER MA	RRIED 🔀
r.	匚	male	white	WIDOWE		RCED 🔲
executed and comple	100	during most of works Broth	ing lite, even it reti	red)	kind of Busines dale Norm	
sician a re carba	13.	FATHER'S NAME Viecent	. Dyczko	wski		
n certificing physics remains 172 hours	15. (Yes	WAS DECEASED EVER	IN U. S. ARMED F If yes, gave wor or detes	ORCES? 16. of service)	social security	NO. 17, 1
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page by the hospital arathending physicion.  TYOR: After this certificate has been signed by the attending physician and completely filled in the funeral director detached far use as the burial-transit permit. Then please remayer carban papers. Pages I and 2 shauld be filled with 18 burial, cremation, or remayal, and in any event within 72 hours of the death.			TH WAS CAUSED B IMMEDIATE CAUSE	Y: (o)	_	(d.) monal
uires that gned by the in any ev		Conditions, if on gove rise to im	mediate (	(b) C	hronic p	ulman
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YSICIAN: The law requires the are alreading physicion. Certificate has been signed by a as the burial-transit permil. Itian, or remaval, and in any e	CERTIFICATION	PART II. OTH	ER SIGNIFICANT C		ONTRIBUTING TO	DEATH BUT
IAN: T		20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING DEATH	205. DESC (R)	CRISE HOW INJUR	r OCCURRE
PHYSIC tal ar at this cert ar use as remation	MEDICAL	20c. TIME OF INJURY Hour a. 33. p. m.	Month, Day,	While	Not while of work	20e. PL
ATTENDING PHYSICI By the hospital or atte CTOS: After this certif s detached for use as it r to burial, cremation,		21. I certify the		he decease		
2 2 2		ACTUAL SIGNATURE	11 1		1,	
osnital y be relo ing 3 should registrar pri		PHYSICIAN'S NAME (Type) Wil	lliam New	comer,	M.D.	
may be relo may be relo page 3 shauld b the registrar pric		BURIAL CREMATION REMOVAL (Specify) Burial	1/4/196		22c. NAME OF C	EMETERY O
VS A15 (4) 15M 9/55		W.Chamber		, Rive	ADDRESS erdale, M	d.

TO MOSNITAL - ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

1. PLACE OF DEATH o. COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased live	d. If institution b. COUNTY		before odmiss George	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest jawn) Mt. Wilson, Maryland	c. LENGTH OF STAY IN 16	e. CITY OR TOWN Beltsvi	(If outside corporate	limits, write RU	IRAL and giv	e nearest town	1
d. NAME OF HOSPITAL (If not in hospital, give street of HOSPITAL) WILSON State Hospital	oddress	d. street address Ammendale	•	stitute	)		IDENCE FARM?
3. NAME OF DECEASED (Type or print) Walter lichae	l Doczkowski ther Fidelis	Julian )	4. DATE OF DEATH	Month Dec.			Year 1959
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWE	ED NEVER MARRIED 7	8. DATE OF BIRTH 9/18/1884	I I	ast birthday) 75 yrs		YEAR IF UNDE	R 24 HRS. Min.
10c. USUAL OCCUPATION (Give kind of work done libb. I during most of working life, even if retired)  Brother	kind of Business or Indu	stry 11. BIRTHPLACE (S	ole or foreign countr Jania	γ)		S. A.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME				
Viecent Dyczkowski		ann	a Prejks:	28.			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	NFORMANT		Addre	rss		
(Yes, no. or unknown) (If yes, gave wor or detec of service)	none H	ospital Rec	ords, Mt.	Wilson	State	Hospi	tal
18. CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), and (c).]					INTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cor pulmonal	e				ONSET AND	DEATH
OO S X DUE TO							
Conditions if any which \	ronic pulman	ary tuberc	Nocie			3 v	ears
gove rise to immediate (	monte parman	ary cubero	YTOSIB	<del>-</del>		<u> </u>	-
couse (o), stoting the under-					-		
, (-)	ONITRIBUTING TO DEATH AND						
Part II. OTHER SIGNIFICANT CONDITIONS CO	ONIRIBOTING TO DEATH BUT	NOT RELATED TO THE TE	KMINAL DISEASE CO	NDITION GIVE	N IN PART I	PERFO	RMED?
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Part II o	f item 18.)			
Part II. OTHER SIGNIFICANT CONDITIONS CO.  20a ACCIDENT WAS UNDERLYING   20b. DESC OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Mile of work of	UURY OCCURRED 20e. PL Not while for	ACE OF INJURY (Home, I clory, street, office bldg.,	arm, 20f. (City or t	own)	(Cou	infy)	(Slote)
21. I certify that I attended the decease	d from May 25	, 19 <u>59</u> , to	Dec 30	105.9			
		, 17,5,5,0	Pucu	, 1922	,that I la:	st saw the	deceased
dive oil, 190	g, and that death	occniled arresin					
ACTUAL		761 774 19	ADDRESS (Street,			12/30/1	ITE SIGNED
SIGNATURE	ra a	M.D. Mt. Wil	son, Mary	land		12/30/1	19 09
PHYSICIAN'S William Newcomer,	M.D.	Superin	tendent				
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) 1/4/1960	22c. NAME OF CEMETERY O	R CREMATORY tery Ammenda	22d. LOCATION	City, town, or Instit		(Stote Ammende	
23. FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers Company, Rive	ADDRESS		EC'D BY REGISTRAR	24b. REGIST			
		, 24a. K	EC D 01 KEGIŞIKAR	#4D, REGIST	KAK \$ \$IGN	ATURE	



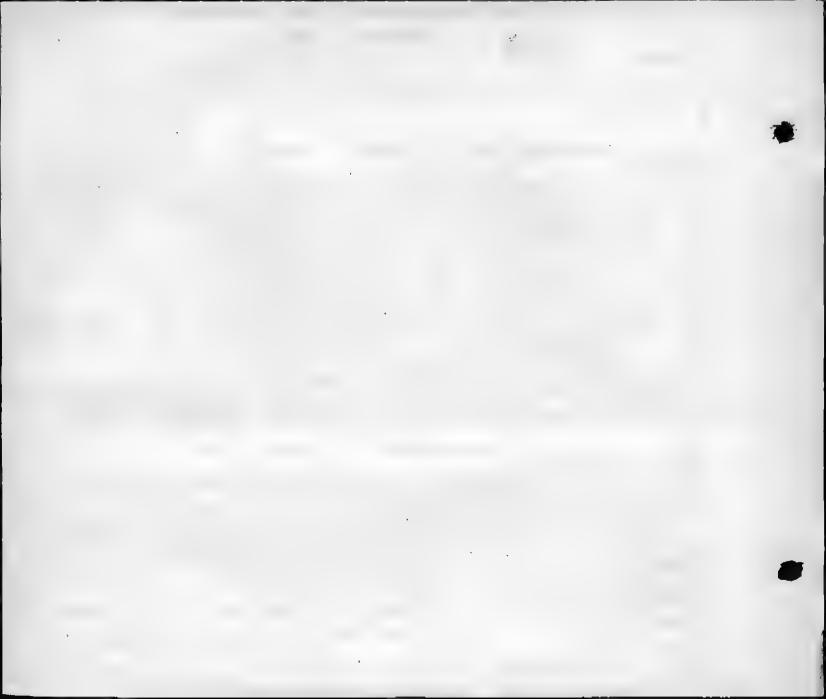
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	13377	CERTIFICA	ATE OF DEATH	-	Reg. Dis	7 3357 I. No.
1.	PLACE OF DEATH. o. COUNTY B al Funcil	MARYLAND	2. USUAL RESIDENCE (WI		If institution Residence COUNTY	e before admission) Efruere
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate lie	mits, write RURAL and g	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street, OR INSTITUTION	oddress) Rl	d. STREET ADDRESS	alo Rus	n Rel	e. IS RESIDENCE ON A FARM? YES NO 🔀
3.	NAME OF DECEASED (Type or print)	therene	Dolly	4. DATE OF DEATH	Month	2 9 Year 2 9 19 5 9
5.	SEX Jeruale 6. COLOR, OR PACE 7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH!	917 9 AG	The same of the sa	YEAR IF UNDER 24 HRS Days Hours Min
10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State			ZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Smith	14. MOTHER'S MAIDEN P	almo	Kess	el
15,	15, 60, or unknown) s. (If we give your or dotes of service)		NFORMANT MOR	en Dolle	Address Sau	u
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).	Plung			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)		1			
	gove rise to immediate couse (a), stating the under- lying couse lost.  (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CON	DITION GIVEN IN PART	I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	200. ACCIDENT WAS UNDERLYING A 20b. DESC OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of i	item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. ft. While of world of world p. m.	Nat while for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	. 20f. (City or tov	vn) (Co	ounty) (State)
	21. I certify that I attended the decease	4		Dec	/	ist saw the deceased
	alive on 19	Koan		M, from the ADDRESS (Street, ci		e date stoted above.  DATE SIGNED
	SIGNATURE Valeta	/ - /	M.D. Joeke	45 vills	1, luex 2	9 December 195
	PHYSICIAN'S Walter T	. KEES				
22	BUT121 1-2-60	Dolly Famil			City. town. or county) eld, West	(State)
	FUNERAL DIRECTOR'S SIGNATURE Prooks Funeral Service	ADDRESS Towson 4,	24a. REC*	BY REGISTRAR	24b. REGISTRAR'S SIG	VATURE





1 1	Items 20-21 Film 254 MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	1 3MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13354
HEALIH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edmiss on) 6. COUNTY
S S S S	Baltimore MARYLAND Baltimore
	b CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
2000	Pikesville Pikesville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tail, give street eddress,  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
rune fune inec inec tate ath.	3710 Milford Mill Road   3716 Milford Mill Road   YES   No
If an Ilhe I reta he S r de	DOSTER DEATH December 9, 1959
affer affer	5. SEX   6. COLOR OR RACE   7 - WARRING TO BE SEED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
and may	Male White Sweeter May Q. 1945 Lest birthdey) Months Deys Hours Min.
affe Pand Pand Phod 2	10e. USLAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. FIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1	Student School Galto. U.S. U.
A Page 1	13. FATHER S NAME 14. MOTHER'S MAIDEN NAME
E G E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 77. INFORMANT
for the state of t	(Yes, no, or unkown) [Hyesgivewerordeles of service]
Milter Wilth	18. CAUSE OF DEATH Enter only one couse per line for (e), (b), and (c).
rect Fin I ong nsit d in	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Massive hemorrhage due to gunshot wound of left chest
be enci	919 (1) 300000
ould in Diric	Conditions, if eny, which \ (b)
mg"s sal	geve rise to immediate cause  [4], stating the underlying DUE TO
fication mine and a section of the s	couse lest. (c)
d "p d "p Exa Exa 6 us atior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES IN O
wor wor licat lica	YES NO
SR: 1 Mec shot ial, c	206. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH.  206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Port I or Port II of item 18.)  Accidentally shot by friend
hief hief bear bear	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
X.A.M. with the Co. to	6:25 p.m. 12 9 19 59 While Not White Home Pikesville Baltimore Md.
to t	21. I certify that I took charge of the remains described above, held an Autopsy 🖔, Inspection 🗍, Inquiry 🗍, and in my opinion
ded	death resulted from. Natural causes,, Accident, Suicide, Homicide, Undetermined manner
the children war	ACTUAL CHIEF MEDICAL EXAMINER TO DETECTIONED
ute ute for fall la	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  12/10/59
UTY esign	NAME (Type) William V. Lovitt, Jr., M.D. Address (Street, city, town, or county)
DEP Base shoul PUN its d	22e. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. HAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
0 g 4 0 9	Burial 12/12/59 Tarkwood Country falls.
VS. A15ME V	23 FUNERAL DIRECTOR ADDRESS AD
5M 7/59	Loring / Higher & /d8 Liberty / Gal . OEC 17'59 and & Kinns
	Handallstown & Mid



		13	380 CERT	IFICATE OF D	EATH	Reg. Dist. N	13355
1		al to.		YLAND 0. STATE Md.	,	Balto.	
ノ		City OR TOWN (If autside carporate II     RURAL and give nearest tawn)	mits, write c. LENGTH OF STA	c. CITY OR T	OWN (If autside carporate !	limits, write RURAL and give n	earest town)
×		OR INSTITUTION	, give street oddress)	1		9.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF			OF		Doy Year
	5. 9	6 COLOR OR RAC	7. MARRIED NEVER MARR	B. DATE OF BIRTH	9. A	GE (In years   IF UNDER 1 YEArst birthday)   Manths   Days	AR IF UNDER 24 HI
	10a	USUAL OCCUPATION (Give kind of war during most of warking life, even if retire	k dane 10b. KIND OF BUSINESS ed)	OR INDUSTRY 11. BIRTHPL			OF WHAT COUNTR
	13.	FATHER'S NAME	U. S. F. &		MAIDEN NAME		
	15.	WAS DECEASED EVER IN U. S. ARMED FO	DRCES? 16. SOCIAL SECURITY NO	D. INFORMANT	ra Jane Baile	Address	
1		18 CAUSE OF DEATH [Enter only one PART I, DEATH WAS CAUSED BY	couse per line far (a), (b), and (c)	H G G	reen Engler	, IN	TERVAL BETWEEN NSET AND DEATH
		420.1 DUE?	2 - 1 - 1	eferosi	o (landio vase	uler disease)	yus.
	_	lying cause last.	(c)				
A	CATION	PART II. OTHER SIGNIFICANT CO					PERFORMED?
	L CERTIF	200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY (	OCCURRED. (Enter nature of	Finjury in Part I ar Part II a	f item 18.)	
	MEDICA	20c. TIME OF INJURY Month, Day Hour a. m. p. m. 19	Year 20d INJURY OCCURRED While Nat while at wark □ at wark □			own) (Caunt	y) (Sta
		21. I certify that I attended the					
		ACTUAL STALLTS	What	M.D. 440			DATE SIGN
- /		PHYSICIAN'S NAME (Type)			,		
	1	REMOVAL (Specify)	are Harme of Cer		22d. LOCATION		(State)
	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	Date 17	240. REC'D BY REGISTRAR DEC 2 8 '59	24b. REGISTRAR'S SIGNAT	_
	くり × つ	3. P. ( 5. S P. 100. ) 13. ( 7. S P. 100. ) 13. ( 7	I. PLACE OF DEATH a. COUNTY Bal to b. CITY OR TOWN (If autside carporate In RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION TIOS Bellona Ave.  3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE White A working life, even if retire Atty. & Supervisor  13. FATHER'S NAME  FMOTY E. Engler 15. WAS DECEASED EVER IN U. S. ARMED RE (Yes, no, or unknown)  18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (If put and	1. PLACE OF DEATH 0. COUNTY Bal to b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAN RURAL and give nearest tawn)  d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 7108 Bellona Ave 3. NAME OF DECEASED (Type or print)  5. SEX 6 COLOR OR RACE Mile Widowed DIVORC  100. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) Atty & Supervisor U. S. F. &  13. FATHER'S NAME EMOTY E. Engler 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N WORLD WAY II 215-07-873!  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)  DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO D  21. I certify that I attended the deceased fram June 19 alwark daward daward  21. I certify that I attended the deceased fram June 21. I certify that I attended the deceased fram June 22. 25 22 20. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTR	1. PLACE OF DEATH	PLACE OF DEATH	PLACE OF DEATH   C. CUINTY   MARTIAND   2. USUAL RESIDENCE (Where deceased lived. If institutions Residence be COUNTY   Balto   D. COUNTY   D. COUNT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DATE

Orthur S. Kraug

William Cook, Inc., 1217 St. Paul Street

VIII = 15 (4)

15M 9/58



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIEICATE OF DEATH

13357

		13382	CERTIFICA	AIL OF DE	A111		Reg. Dist. No.	
M	1. PLACE OF DEATH o. COUNTY				ICE (Where decease	d lived. If institution	Residence befor	re admission)
Л	o. COUNTY	Baltimere	MARYLAND	o. STATE	Md.	b. COUNTY		1
Ī	b. CITY OR TOWN (	If outside corporate limits, writ	c. LENGTH OF STAY IN 15	c. CITY OR TOV	WN (If outside corp	orate limits, write RU	RAL and give nea	irest town)
1	RURAL and give n	Catensvill		]	Balte.	~ ·	1 1-2.	
l	d. NAME OF HOSPI	AL (If not in hospital, gave stre		d. STREET ADD	RESS		1	e. IS RESIDENCE
ı	OK INSTITUTION,	7 / Thursday 1	TINUS	3549 Ben	azinger	Rd.		ON A FARM? YES NO E
ľ	NAME OF	First	Middle	Lost	4. DATE	Month	Da	y Year
ı	(Type or print)	Elizabet	h Feh	er	OF DEATH	Dec	. 3.	19 59
ľ	5. SEX			8. DATE OF SIRTH				IF UNDER 24 HRS
1	F.	127		Sept.29.	1880	79 yrs.	Months Days	Hours Min.
ŀ	10a. USUAL OCCUPATIO	ON (Give kind of work done 1)	Db. KIND OF BUSINESS OR INDU			country)	12. CITIZEN OF	WHAT COUNTRY?
1	during most of wor	king life, even if retired)	Nene	H11394	gary		USA	
Ì	13. FATHER'S NAME			14. MOTHER'S MA				
		NA	vak	Imk	n <b>e</b> Wn			
7	A WAS DECEASED EVE	R IN U. S. ARMED FORCES?		NFORMANT	11.00.11	Addre	ss	
П		[If yes, give war or dates of service]		r.John F	Wehen 1	LO Overhi	IT RA	Catns 2
`.	Is CAUSE OF DEA	ATH   Enter only one cause per		r . o errit T.	er anar	LO OVELIA		RVAL BETWEEN
1		ATH WAS CAUSED 8Y:			1.		ONS	ET AND DEATH
1		IMMEDIATE CAUSE (0)	youndial D	ecompe	marken		-	1 mer.
-	445×	DUE TO	7/07	0	3/	OA		. —
1	Conditions, if a		2. Hopesterain	Cardyo-	ragent	or Lisz	exal 1	230
1	cause (a), stating							-
1	lying couse last.	) (c)						
	PART II. OTI	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	IF TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(o)	PERFORMED?
								YES NO
1	200 ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of in	ijury in Port I ar Pa	rt II of item 18 )		
ı	4	MEDICAL EXAMINER)						_
ı	Y 20c. TIME OF INJUR	RY Month, Day, Year 20d	f-	ACE OF INJURY (Har clary, street, office bl		y or tawn)	(County)	(State)
1	₩ p. m,		vork at work					
ı	21. I certify th	nat I attended the dece	ased fram 5-2	7 - , 1952	ta_/2-3	195 <u>2</u> ,11	nat I last saw	the deceased
ı	alive on	12-2.19	52 , and that death					
		. 1	. 0			itreet, city or tawn, sl		DATE SIGNED
ı	ACTUAL SIGNATURE	James K. Lo	Magoz.	MD. 62091	Frederi	ck Road	Catons,	1110281
,		1		M U. SC. SL. D. J		-15-10-019-		444-5-3-3-4-4
1	PHYSICIAN'S NAME (Type)	Ilmer K.	Gallager 1	q, $p$ .			12	1-3-54
ŀ	22a. BJR AL, CREMATIC	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d, LOCA	TION (City, tawn, or	county)	(State)
	REMOVAL (Specify)		Loudon Parl			te.Md.		(4.2.2)
1	23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		lo REC'D 8Y REGIS		RAR'S SIGNATUI	RE
1			Ol Edmondson	A	-DEC A 15		a 2. Kross	

TO HOSPITAL O

VS A1S (4) 1SM 9/S8



V .			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
POP STAT	re		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13358
HEALTH DE	PT.	7.	Reg. Dist. No.  LACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
age age			. COUNTY Baltimore MARYLAND G. STATE Baryland b COUNTY Balto.
H. H. H.	2.	Ь	CITY OF TOWN (If outside corporate limits, write RURAL ond give nearest fown)  ond give nearest fown)
Stored W	)		Brooklandville student Ruxton, 4  NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS  e. IS RESIDENCE
2000	X.	ľ	St. Paul's School  d. street address  d. street address  d. street address  305 Greenwood Rd.
lay i		3.	NAME OF First Middle Lest 4. DATE Month Day Year
The fareful of the State of the			Type of print) Linda M. Finley Dec. 7 1959
3 to 3 to 5 to 5 to 5 to 5 to 5 to 5 to		5. 5	In the state of th
and 2 v		10o.	Female   White   WIDOWED   DIVORCED   Sept. 25, 1947   12   yrs.   Months   Days   Mours   Min.    USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY   11 BIRTHPLACE (State or fareign country)   112. CITIZEN OF WHAT COUNTRY?
Pogo an an 72		d	wring most of working life, even if retired)  Student  U.S.A.
William I		13.	FATHER'S NAME 14, MOTHER'S MAIDEN NAME
rent Pour	_	76	Robert M. Finley Nancy Griffith  WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Ton Mc
Physical Control of the Control of t	1	) Yei	was deceased ever in u. s. armed forces? 16 social security no
ST S	-		18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).]
Hem olon il pe			PART ! DEATH WAS CAUSED BY Fracture base of skull with intercranial 15 min
ri in Fice Frons			703.6 DUE TO hemorrhage
a do do la	V :		Conditions, if any, which agave rise to immediate cause DUE TO
in i			(a), stoling the underlying DUE TO (c)
fe sh Gran Gran d as		N O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
pen pen icat r use crex	0	FICAT	none , ves 🗆 No 🏗
Med Wed		CERTI	200. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING D CAUSE OF DEATH.  200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Fell on flagstone patio at school.
this which will hield who was thought a but a bu		CAL	
he 3	3	MED	20c. TIME OF INJURY Month, Doy, Year Hour XX.  Hour XX.  Dec. 71959 of work at work School-St. Paul s-Brooklandville, Balto.
Parit Pr			21. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection XX, Inquity 🔀, and to my
ML ED			opinion death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner []
Ted of G			ACTUAL SIGNATURE DATE SIGNED  M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
A Pe	2		V ASSISTANT MEDICAL EXAMINER
des des	Bres		EXAMINER'S D. D. Caples, M. D. DEPUTY MEDICAL EXAMINER X 12-8-59
Executed the second sec		22c	BUR AL CREMATION   27th DATE THEREOF   27c. NAME OF CEMETERY OR CREMATORY   27d. LOCATION (City, town, or county)   Stole)  Bur 1al   12-9-59   Druid Ridge   Pikesville, Md.
5 . 5		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REC'D BY REC
VS. A15ME 5M 2/57		H	.W. Jenkins & Son, Co., 4905 York Rd Baltone DEC 9 '59 Cullun & thomas
		-	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIRECTOR.

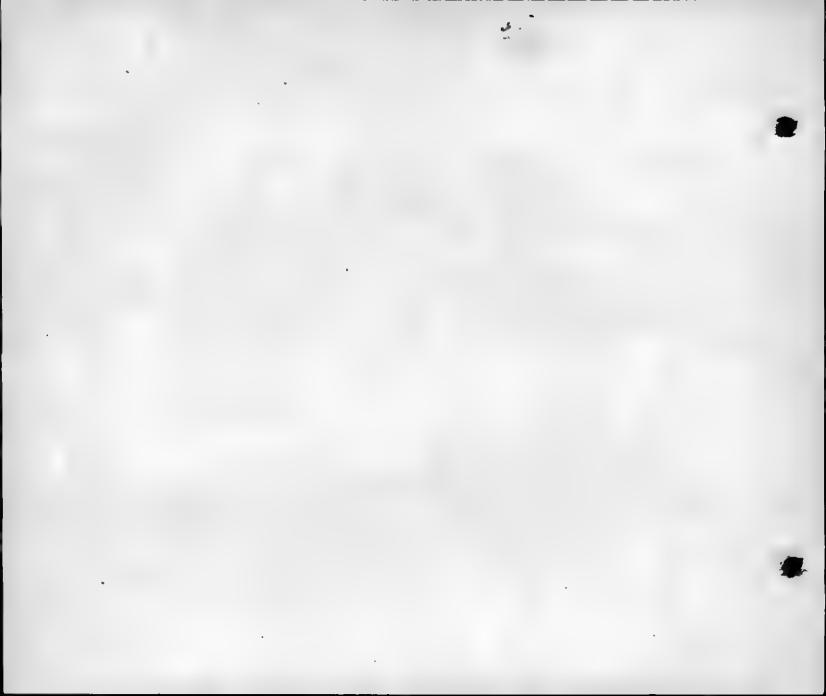
forwarded to

VS. A15ME(5)

5M 9/55

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removal



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

13360

									Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY			<u> </u>	2.	USUAL RESIDEN	NCE (Wh	ere deceas			esidence befor	re admission)
6. COUNIT	Balto.		MARYLAI	ND	o. STATE	Md.		b. CO	UNTY	Balto	**
b. CITY OR TOWN (	If outside corporate limits	, write	c. LENGTH OF STAY IN	Ъ	c. CITY OR TO	WN (If o	utside corp	orote limits, w	rite RURA		
RURAL and give n	dallstown		60 Yrs	×	Randa	0170	tom				
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street			d STREET ADD		YN/RAA				e. IS RESIDENCE
OR INSTITUTION	9119 Lib	ertv	Road		9119	Lib	erty	Road			WEFFINO
3. NAME OF	First		Middle		Lost		4. DATE		Month	Doy	
(Type or print)		tty	G.		Fite		OF DEATH	Monde			- 0
S. SEX			NEVER MARRIED	1 B. D.	TE OF BIRTH			9. AGE (In	veges IIF t	NDER I YEAR	14 19 59 1F UNDER 24 HR
-	-		BALL MENER WINNERS		opt. 30	. 18	71	last birth	doyl Mo	onths Doys	Hours Min.
Fo. USUAL OCCUPATION	ON IGive kind of work d		KIND OF BUSINESS OR I		-		, –			12 CITIZEN O	F WHAT COUNT
during most of wor	king life, even if retired)	100.		11003111				• •			
Toacho	2		School	114	. MOTHER'S M.			ilto. O	03	Ue	S.A.
				"	. MOTHER 3 Mi	AIDEN N	NAME				
		1to		17. INFOR		ate	Me thu			-	
(Yes, no, or unknown)	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.						Address		Church R
No	*****	字字	None	Mr.	Edward	F.	Stanf	ield	Rand	allsto	wn, Md.
	ATH [Enter only one cou	se per tr	ne for (o), (b), and (c).]	B	11.	A.	,			INTE	RVAL BETWEEN
PART I. DEA											filly
* /	DUE TO COLUMN A A A A A A A A A A A A A A A A A A A										
Conditions, if o		Six	ul getter	2017	20 a	alk	Ula	Whit	161 -	- 1/3	SHEDI
gove rise to i		1/	Atting 1	A	22	244					1/1 2000
lying couse lost.	(c)	4011	eillight !	de	U. CE	IKE	ILL	L		1/2	Myano
PART II. OT	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO TH	IE TERMI	NAL DISEA	SE CONDITIO	N GIVEN I	N PART 1(0) 15	WAS AUTOPSY
CAI		11								-	✓ PERFORMED? YES  NO
200. ACCIDENT W	AS UNDERLYING C	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Er	ler nature of in	njury in f	Port I or Po	rt II of item 1	8.)		
20g. ACCIDENT W. OR CONTRIBUTING	MEDICAL EXAMINER)										
3 20c. TIME OF INJUR	RY Month, Doy, Year	20d. It	NJURY OCCURRED 20	e. PLACE (	OF INJURY (Ho	me, form	, 20f [Ci	y or town)		[County]	(State
20c. TIME OF INJUR	19	While of world	Not while	factory,	street, office bl	ldg., elc.	1			(/)	,-
			171 . 6	7	2057/		v A 1	U .	F57 .		
X /	nat I attended the		6 //		., 19 <u>54</u> ,	~ / /					w the deceas
alive on Alk	7/	<u>192</u>	and that de	eath acc	orred at						te stated aba
ACTUAL	Hearis 1	6/11	Trove.		4/0		,	Street, city or		•	DATE SIGN
SIGNATURE	VICTARIA L	161	ucur	M.D.	560	L CI	i fra r	Road,	Balt	0-7-1	4d-
PHYSICIAN'S	Dr. Thomas	E 1	Mana3 am		7/6			_	_		
NAME (Type)	Dr. Thomas					CI				0. 7. 1	4d
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREO!		22c NAME OF CEMETE					ATION (City, I	OWB, OF CO	unity)	(Stole)
Burial	12=17-19	959	Mt. Para	n Ch	urch Cer	nete	TV.	Harris	onvil	10 Md	•
23. FUNERAL DIRECTOR			ADDRESS		24	la. REC'I	BY REGIS	TRAR 24b	REGISTRA	R'S SIGNATUR	
LORING BY	ERS		8728 Libert	V Ros	d.	ATE D	EC 17	759	Chi	wo S. The	wed

Randallstown, Md.

may be retaine the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

should be filed with

M

death: Page 4

VS A15 (4) 15M 10/57



13385

#### **CERTIFICATE OF DEATH**

13361

- 1															
1	PLACE OF DEATH a. COUNTY			MARYLA	[1]	USUAL RESIDENCE (Wh		d lived. If institution b. COUNTY	on: Residence	before	admission)				
+	L CITY OF TOWAL	Baltimon  If outside corporate limit		c. LENGTH OF STAY IN		Maryland									
1	RURAL and give in	earest fawn)	s, write			c CITY OR TOWN (If autside corporate timits, write RURAL and give neares) town)									
-		isville			lys										
	OR INSTITUTION	AL (If not in hospital, gr			d. STREET ADDRESS	1	1		- 1	ON A FARM?					
-	SPRING G	ROVE STATE	STITAL		1814 Edmor		YES NO								
3	NAME OF DECEASED	Firs	t	Middle		Lost	4. DATE	Mon	th	Day	Year				
L	(Type or print)	Anna				tzpatrick	OF DEATH	L)E		10	1957				
5	SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ B. I	DATE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS.				
Т	female	white	WIDOW	ED DIVORCED		Sept. 9, 189	92	67 yrs	Months C	Days h	Hours Min.				
10	. USUAL OCCUPATIO	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stole	or fareign c	aunity)	12. CITIZ	EN OF	WHAT COUNTRY?				
1	house	wilfe		DoMESTI		Maryla	an d		U.	S.	A.				
13	, FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			-					
4	Daniel	Martynn				Enma	?								
11:	. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	17 INFO	DRMANT		Add	<b>9</b> 51						
-{		(II yes, give war or dates of se ルのでに	rvice)	Unknown	Rec	ords: SPRI	NG GI	ROVE STA	TE HO	).3 <b>r1</b> .3	PAL				
Г	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]														
Н	PART I. DEATH WAS CAUSED BY. (arcinoma of the bowel										NOV 10 - Dec 1				
Т	DIE 70										one mont				
	Conditions, if any, which ) (b) Ascitez														
	gove rise to immediate Distriction														
П	Couse (a), stating the <u>under.</u> tying cause tast  (c)														
12	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY														
4 5		, , –	orl	entir L	lai	7 dinas	_				PERFORMED? 'ES 🔲 NO 🔼 —				
NOTA TIETA	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)														
			- 100 : "	ALMINY OCCUPATED 12	A. DIACI	OF HUNDY OL	1000 15	,							
MEDICAL	Hour a.m.	r monin, Day, rea	White	Not white	lactor	OF INJURY (Home, form, y, street, office bldg , etc.	, ; 207. (Cit)	y or town)	(Co	unly)	(State)				
Ä		19		k oi work			1								
	21. I certify th	at I attended the	deceas	ed from <u>N8Ve</u>	embe i	: ,719 <u>.52</u> , 10.65	10/13	19.3	that I la	ist saw	the deceased				
	alive on De	combe 10	_, 12.3	and that d	leath a	ccurred at 6	M, fran	m the causes a	nd on the	date	stated above				
	1			,		•	ADDRESS (S	treet, city or town,	state)		DATE SIGNED				
	ACTUAL SIGNATURE	willer Ho	LL		м.с	SPRLNG G	RO VE	STATE H.	3PITAI						
	PHYSICIAN'S INAME (Type)	oretta Hsu,	M.D	•		Catonsvil	le 28	. Marvlan	d						
2	145/05/10/10/	N, 226 DATE THEREO		22c. NAME OF CEMETI	50V OR 5			TION (City, town, c			10 - 1 - 1				
						PAIRK		-		K	(Sigle)				
2	EUNERAL DIRECTOR	S SIGNATURE	_/	1 Loud	OV		D BY REGIST	LT 140	TRAR'S SIGN	IATURE	<u> </u>				
1	GEO.L.Sch	Wind Funer	46 1	HOME C	: 1		C 1 4 "		That S.						

may be reformed by the hospital or attending physician.

TO FUNERAL GARECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotian, or removal, and in any event within 72 hours, when death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

ofter death. Page 4

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1/14

TO HOSPITAL VS A15 (4) 15M 9/55



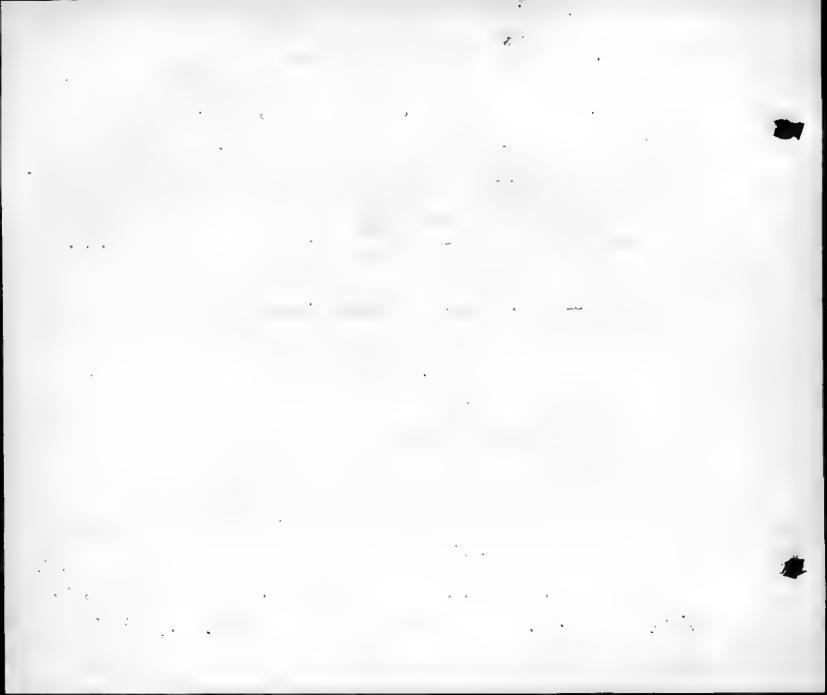
TO HOSPITAL

VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13387 CERTIFICATE OF DEATH 13362

_			-						Re	eg. Dist. N	lo.			
1	PLACE OF DEATHTOSE	wood Sta	te Ti	raining Scho	2.	USUAL RESIDENCE	(Where dece			Residence be	efore adn	nission)		
		altimore	:	MARYLA	AND		laryla	nd b. co	JNTY		City	7 1		
	<ul> <li>CITY OR TOWN (If autsi RURAL and give nearest</li> </ul>		its, write	c. LENGTH OF STAY IN	4 JP	c. CITY OR FOWN (If outside corporate limits, write RURAL and give neare						own)		
0	wings Mills,	Marylan	d	la yrs.	1	Baltimore	12, M	aryland		2 /2 2	1 2 3	£		
	d. NAME OF HOSPITAL (IF OR INSTITUTION Rosewood Stat					d. STREET ADDRESS					ON	RESIDENCE I À FARM?		
							r Aver				162			
J.	NAME OF DECEASED (Type or print)	Fir Da:	niel	Middle	FT.	eming	4. DA1 OF DEA	TE TH	Month 12	_	Day LG	Year 19 59		
5	SEX 6 C			RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In	yeors IF I	UNDER 1 YE				
		Vegro	WIDOWI			2/12		last birth	yrs M	onths Doy	s Hau	rs Min		
100	. USUAL OCCUPATION (G during most of working lil	ive kind af work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St	tate ar foreig	n country)		12 CITIZEN	OF WHA	TCOUNTRY		
		, , , , , , , , , , , , , , , , , , , ,	'	COLUMN TOTAL PARTY.		Maryla	nd			U.	S.A.			
13	FATHER'S NAME				1.	. MOTHER'S MAIDE	N NAME							
T.	onie Fleming					Ionia L	ittle							
15.	WAS DECEASED EVER IN L	J. S. ARMED FOR		SOCIAL SECURITY NO	INFO	RMANT			Address					
(10	no (ir ya.	give wer or eales or s	ervice)		Rose	wood Reco	rds							
	18. CAUSE OF DEATH	Enter only one co	use per li	ne for (a), (b), and (c).]						, IN	√TERVAL	BETWEEN		
	PART I. DEATH WAS CAUSED BY:								10	7 months				
	600,0 DUE TO													
	Conditions if any which \ Propulsitive III area								-	13 years				
	gave rise to immediate Dust to									-	-5 A	carp		
	cause (a), storing the under-										36			
z												1 16 Years		
CATION	OTHER STOTE CONTINUES CONTINUES CONTINUES TO PERSON TO THE TERMINAL DISEASE CONDITION GIVEN IN PA											PERFORMED?		
Ū.	Organic brain damage - birth  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)													
CERTI	20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)													
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, † 20f. (City ar tawn) (Caunty) (State foctory street, affice bldg., etc.)													
Σ	p. m. 19 of work of work													
	21. I certify that I attended the deceased from $6/20/58$ , 19, to $12/16/59$ , 19, that I last saw the deceased													
	alive an12/	16/59	, 19	and that o	death ac	curred at 22								
											ATE SIGNE			
	SIGNATURE	7			M.D.	7012				<u></u>	12/.	18/59		
	PHYSICIAN'S Ern	est I. D	ecko	M.D.		Rosewood	Tr. S	chool, (	wing	s Mil	ls, I	/id。		
220	BURIAL, CREMATION, 2	26. DAJE THERES	XF.	22c. NAME OF CEMET	ERY OR	EMATORY A	22d LQ	CMION (City 1	awπ, οξξε	austy)	00 (5	gate)		
5	REMOVAL (Specify)	2/19/1	10/20	A STATION	111	1 4/1	K	Leen	WAA	10	40	7		
23.	FUNERAL PRECEDES SIG	TURE 1	2/	2 ADDRESS	4	2 &40. R	REC'D BY REC	GISTRAR 24b.	REGISTR/	AR'S SIGNA	TURE			
21	1. 11 Sen 1	1.2.1.0%	. 5	0.0.0.0	165	-11 - 11	DEC 2		arth	mg 8 to	ines			



#### CERTIFICATE OF DEATH

13363

L		122	00-						Keg. Dist. I	10.	
1	o. COUNTY Ba	200 ltimore	68	MAR	YLAND	2 USUAL RESIDENCE (Who of STATE Marylan	ere deceased	lived If institution b. COUNTY			
	b CITY OR TOWN (H RURAL and give ne Cockeysy:		ts, write	c. LENGTH OF STAY	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Cockeysville						
	d. NAME OF HOSPITA	AL (If not in hospitol. (Wilmar P)		address)	d. STREET ADDRESS / Wilmar Place e. IS ION ON YES						
19	3. NAME OF DECEASED (Type or print)	Char]		Middle Edward F	'ord	Losi 4. DATE OF DEATH			Month Day Year 12-29-59 JS		
- 1	s. sex Male	6. COLOR OR RACE	7. MARR	RIED NEVER MARR		8. DATE OF BIRTH 11-9-1880		9. AGE (In years lost birthday) 79 yrs.	Months Day		-
Ш.	Oo. USUAL OCCUPATION during most of work Painter	ON (Give kind of work ing life, even if relired	)	KIND OF BUSINESS OF EMPLOYED		STRY 11 BIRTHPLACE (Stole Marylan	_	ountry)	U.S		T COUNTRY?
) [i	3. FATHER'S NAME Frank Fo:	rd				Susan Fis					
	Yes, no, or unknown)  10	R IN U. S. ARMED FOR	and and	SOCIAL SECURITY NO	·   '	rs. George	H. Wi	rtz, Sı		lmar	Pl.
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	T	ne for (a), (b), and (c)	J M	me Gol	dov.	-9	0	NTERVAL NSET AN	BETWEEN O DEATH
	Canditions, if or		- 4	east	-	-wily-	(			) (	14
	gave rise to immediate couse (a), stating the under-tying cause last.  DUE TO  (c)										
	CATIC					NOT RELATED TO THE TERMI			'EN IN PART 1(o	PER	S AUTOPSY FORMED?
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (	OCCURRE	D. (Enter nature of injury in F	Part I or Part	I II of item 18.)			
	20c. TIME OF INJURY	Y Month, Doy, Ye		NJURY OCCURRED		ACE OF INJURY IHome, form ctary, street, affice bldg., etc.		or town)	(Coun	ly)	(Stote)

alive an

21. I certify that I attended the deceased from

and that death accurred at 10 AM, from the causes and on the date stated abave.

ADDRESS (Street, city or point, state)

DATE SIGNEY

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BUR A., CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Poplar Grove

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE Service

ADDRESS YORK, Rd.

24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATEAN 4

arthur S. House

Cockeysville, Maryland

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use VS A1S (4) 1SM 9/SB

registrar

death. Page 4 uneral director,

requires that the death certificate be executed within 24 haurs

should

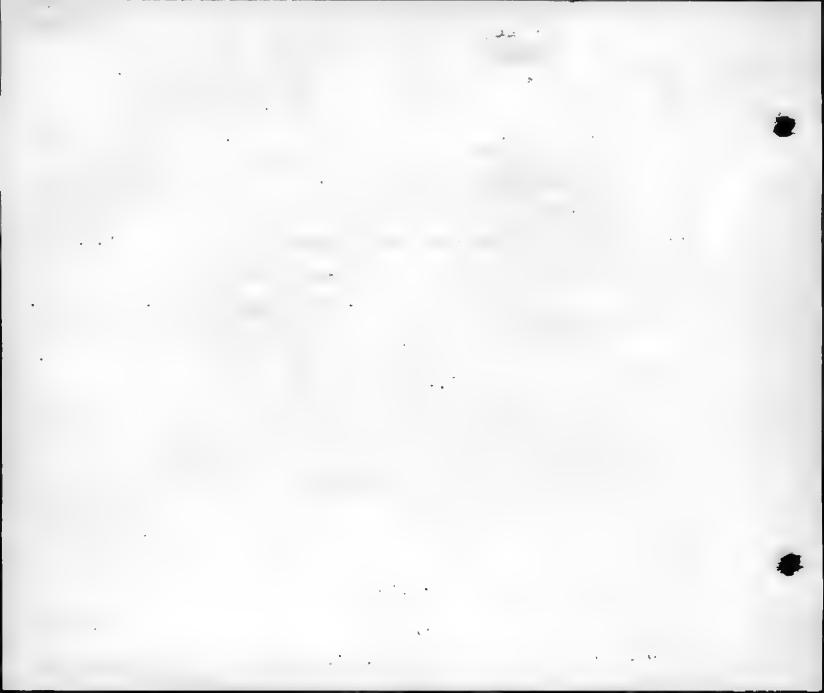
in by

and campletely filled ban papers. Pages t

remave carban within 72 hours offer

as the burial-transit

death.



13364

*	13389	CERTIFICATE OF DEATH

Reg. Dist. No.

		7 + 3										
	CE OF DEATH	altimore		MARYL	AND		Maylai		ed. If institution b. COUNTY	ini Residence	before admission	1)
b. (	CITY OR TOWN (I	f outside corporate limi	its, write	c. LENGTH OF STAY I	N Ib	c CITY OR T	OWN (If or	utside corporote	limits, write RL	JRAL and give	nearest lawn)	4
,	Catonsv			3yrllmthl3	dys	Balt	imore			3 V (2)	- 44-	
d. I	NAME OF HOSPIT	AL (If not in hospital, s	jive street	address)		d. STREET AL	DDRESS				e, 15 RESIDI	ENCE APM?
		OVE STATE	HOS	SPITAL		3610 E	dgewo	od Road			YES 🗍	
3. NA	ME OF CEASED	fi	rsf	Middle		Lost		4. DATE OF	Mon	th	Day Yes	10
	be of brint)	F	rank	Mitch	ell	Ford		DEATH	Decem	ber	4 19 59	
5. SEX		6. COLOR OR RACE	7. MAR	RIED 🔀 NEVER MARRIE	D   8	DATE OF BIRTH	1	9,	AGE (In years		FAR IF UNDER	
	male	white	WIDOW	/ED DIYORCED		18912	Apr	7.0	68; yrs.	Months D	oys Hours	Min.
10o. U	SUAL OCCUPATION	ON (Give kind of work	done 10b	KIND OF BUSINESS OF	INDUST	TRY 11. BIRTHPL	ACE (Slate	or foreign count	ry)	12, CITIZE	N OF WHAT C	OUNTRY
av.	accoun	ling life, even if retired tant	"				Mary	land		U.	S. A.	
13. FA1	THER'S NAME	<del></del>				14. MOTHER'S	MAIDEN N	AME				
	Unknown					U	nknow	n				
15. W/	AS DECEASED EVE	R IN U. S. ARMED FOR	CES7 16	SOCIAL SECURITY NO.	17, IN	IFORMANT		"	Addr	ess		
	Unknown	(If yes, give war or dates of	IBITYICO]	215-05-5094	Rec	cords;	SPRIN	G GROV	E STAT	E HOS	PITAL	
18	. CAUSE OF DEA	LTH [Enter only one co	ouse per f	line for (a), (b), and (c).	-						INTERVAL BETY	VEEN
	PART I. DEA	TH WAS CAUSED BY:	, Ac	cute cardiac	fa:	ilure					ONSET AND D	EATH
	422.	*										
	Conditions, if o	Atak S	A n	rteriosclero	tic	cardiov	scul:	er dise	ase			
lla	gave rise to i	mmediate (				001 010 11						
	cuse (a), stating ying couse last.	ine under-	:}									
CERTIFICATION	PAST II. OTI			CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART I	(a) 19. WAS AU PERFORA YES 1	MED?
	ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CURRED	(Enter nature of	injury in P	Part II or Part II	of item 18.)			
MEDICAL	c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	INJURY OCCURRED  Not white ork at work	20e. PLA foct	CE OF INJURY (Flory, street, office	fome, form, bldg , etc.	20f. (City or	town)	(Cou	unly)	(State)
2	1. I certify th	at lattended the	decea	sed from Dec	. 2	1959	, toI	ec. 4	19 59	that I la	st saw the d	ecease
1 1	live on	ec. 4	19	59, and that	death	occurred at	2:45a	M. from t	he causes a	nd on the	date stated	above
		6 1	1	0				ADDRESS (Stree				E SIGNE
A SI	CTUAL GNATURE	Sucia h	all	heir	A	SPRI	NG G	ROVE S	STATE F	IOSPĮTA	L 12-L	1-59
PI N	HYSICIAN'S S AME (Type)	Stella Wach	sler	, M. D.		Cato	ns pil	le 28,	Md.			
22o. 8	URIAL, CREMATIC	IN. 22b. DATE THERE	OF	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATIO	N (City, town, c	or county)	(State)	
	EMOYAL (Specify)		59	Druid Ri	dge	Cemete	rv	Pike	sville	M	aryland	1
23 FU	NERAL DIRECTOR	12/8/19	A 1 =	ADDRESS				D BY REGISTRA	R 24b. REGIS	STRAR'S SIGN	IATURE	
le i	aworth.	Armacost-	<b>ት</b> አካት	Liberty H	ohts	Ave.	DATE DE	C 8 '59	I a	Thur & 1	Traus.	

TO HOSPITAL— ATTENDING PHYSICIAN: The low requires income may be reto by the hospital or ottending physician.

TO FUNERAL FICTOR: After this certificate has been signed by the ottending physicial and completely filled in the filled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 should be detached for use as the burial-transit permit. Then please remove death.

VS A15 (4) 15M 9/55



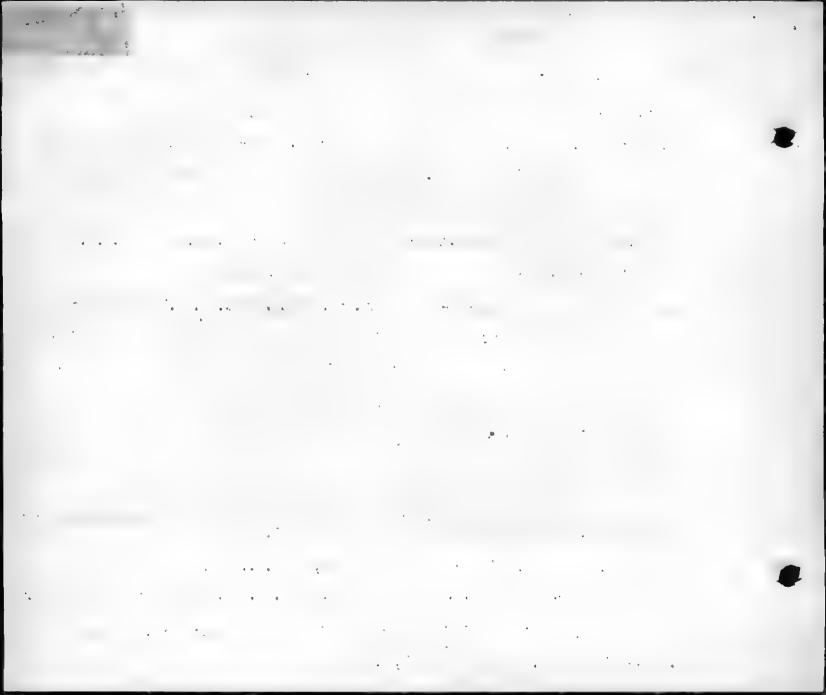
Baltimore lh. Maryland

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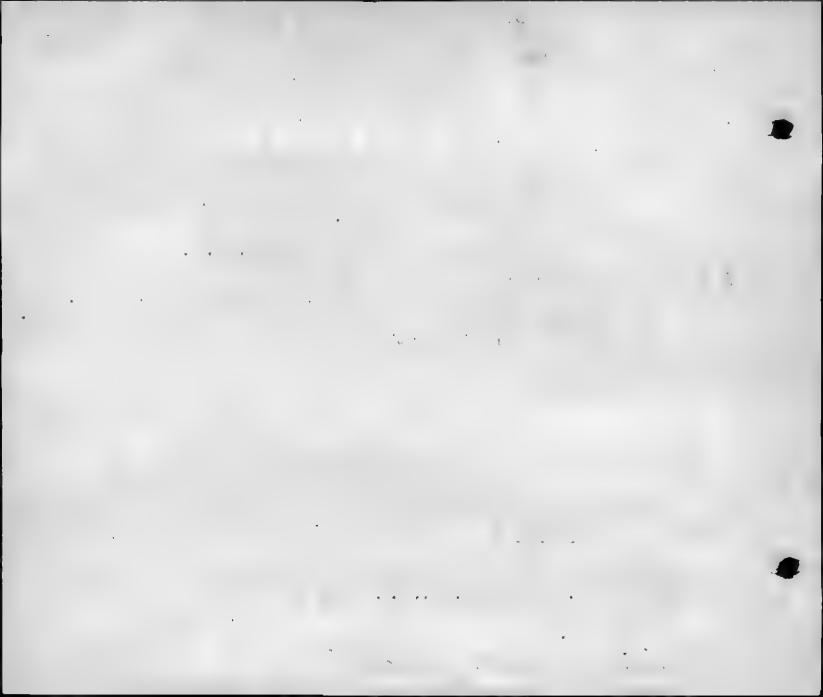
Cirthur S. House

VS ATS (4) 15M 9/58

Wm.Cook-Blight, Inc.



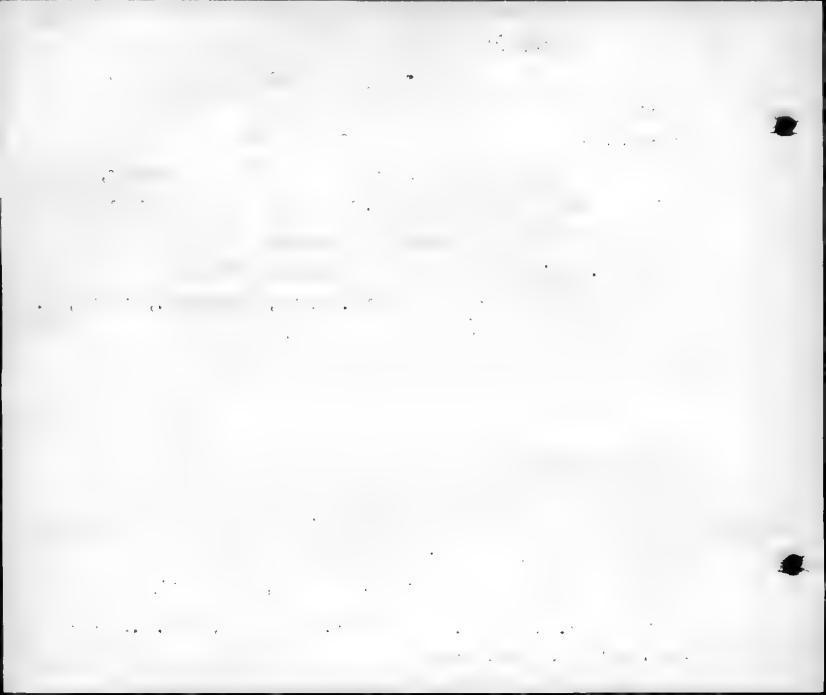
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) or your files. e. COUNTY . STATE North Carolina **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) for your I Board of F write RURAL and give nearest town) Taylorsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE death. ould be executed within 24 hours after death. If any determined in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained it burial-transit permitting pages 1 and 2 with the State Bourial-transit permitting within 72 hours after death. ON A FARM? Sparrows Point Shipward YES NO 3. NAME OF Middle Last 4. DATE Month Year Day DECEASED OF (Type or print) ARTHUR FORTNER DEATH 1959 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. last Sirthday) Months Hours Male WIDOWED [ DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stelle of foreign country) 10e, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Seaman Alexander Co. N. C. 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Jeff Fortner
15. WAS DECEASED EYER IN J.S. ARMED FORCES? Address (Yes, no, or unkown) | (Ifves give were release (service) 1216 E. Seafarers International Union 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease IMMEDIATE CAUSE (e) 420.0 **DUE TO** certificate should Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying Examiner' SE cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19, WAS AUTORSY CERTIFICATION PERFORMED? 2 ease execute the certificate, writing the word № Г Medical should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) PRIMARY IT or CONTRIBUTING IT should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR. Page 3 sho CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.] While Not While Hour a.m. af work at work 21. I certify that I took charge of the remains described above, held an Autopsy OK. Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S W. Bradley King, Jr., M.D. NAME (Type) Address (Street, city, fown, or county) T22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) North Carolina ₽40 Remova.] 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATDEC 8 5M 7/59 arthur & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 9/55

Offer



20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year

220 BURIAL CREMATION, 226, DATE THEREOF

e. m.

20d. INJURY OCCURRED While Not while of work

of work [

20e. PLACE OF INJURY (Home, form, 20f. [City or town)

factory, street, office bldg., etc.)

(County)

Athat I last saw the deceased

(Stole)

PERFORMED?

YES I NO IT

IS RESIDENCE

ON A FARM? YES TO NO D

Yeor

10 -

Hours

ACTUAL SIGNATURE

alive on

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

Milton B. Kress. M.D.

22c NAME OF CEMETERY OR CREMATORY

Maryland OWSOn

Eudowood Sanatorium

22d. LOCATION (CAST town, or county)

23 FUNERAL DIRECTOR'S SIGNATURE

21. I certify that I attended the deceased from

**ADDRESS** 

and that death accurred al

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

M, fram the causes and on the date stated above.

Within S. Thous

ADDRESS (Street, city or town, stote)

9 VS A15 (4) 15M 10/57

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page

ECTOR



7.1	V	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
ou,	A	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1337	1
oulo	515	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	/
s sin	Ma )	o. COUNTY Balt imore MARYLAND N. d. STATE b. COUNTBalto. City	<i>U</i>
28 3		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	
Pa Pa		Towsen Baltimore Vol.	
4		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDE ON A FA	
Price and		Bendix Radio Corp. Joppa Rd 623 Denison St	
ny dela neral yaur fi sgistrar		3. NAME OF DECEASED (Type or print) Richard & Galiszewski   4. Date   Month   Day   Year   DEATH Dec. 11/59   19	
# # # # # # # # # # # # # # # # # # #		5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years logi burnday) Many Mark David Mark Day Many Mark	
子名中		Male White WIDOWED DIVORCED April 6.1914 45 yrs. Months Days Hours Min	
and 3 th		10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Buyer  12. CITIZEN OF WHAT COUNTRY  Bendix Radie Corp.  Balte. Md.	NTRY?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13. FATHER'S NAME	
S miles		Felix Galiszewski Katherine Narnek	- 4
Pog 24 F		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT . Address	38
E & II		no 218 14 9293 Mrs. Catherine Galiszewski, 623 Denis	m
Mit.		18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]	
em 18 form i		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	~
rong T		The state of the s	
D D D D D D D D D D D D D D D D D D D		gave rise to immediate cause	
avle Pen Slam bur		(c), stoling the underlying out to (c)	
6 5 E			
B 65 9		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 117. WAS AUTO PERFORMED YES NO PERFORMED YES NO PERFORMED	
enilli er's		200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of (Iom 18)	ш_
S G E P		20a EXTERNAL CAUSE WAS PRIMARY   ac CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.)  CAUSE OF DEATH.	
Exmord		20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) [County] (Sh	ole)
AINER The sedical		20c. TIME OF INJURY Month, Day, Year Hour e. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) (City or fown) (County) (Street, office bidg., etc.)	
A SE S		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find	that
P. S.		death resulted from Natural couses . Accident . Suicide . Homicide . Undetermined couse .	
S e e		DATE SIGNS	D
ä		SIGNATURE M.D. CHIEF MEDICAL EXAMINER	
e the convarided	Bovol.	EXAMINERYS AND A VES FO DO MOVE DEPUTY MEDICAL EXAMINER D	7
orver FUN	5	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
5 5	0	Burial 12/14/59 St.Stanislaus Balto. Md.	
ME ASSISTE		24c, REC'D BY REGISTRAR'S SIGNATURE	
VS. A15ME(5	P)	4101 E DEC 15'59 Oralin S. Kroun	
	44		



1	3	3	7	2

1397	CERTIFICATE OF

				7					_	K	eg. Dist. No	),
	1. P	PLACE OF DEATH					2. USUAL RESID	ENCE (Whe	ere deceased lived.	If institution	Residence befr	ore admission)
			TIMORE		MAR	YLAND		YLAND		B.	LTIMOR	E
	Ł	b. CITY OR TOWN (II RURAL and give ne		ts, write c.	LENGTH OF STAY	/ IN 1b	c. CITY OR T		itside corporate lin	nits, write RURA	AL and give ne	earest town)
2	-		AL (If not in hospital, g	ive street odd	ress)		d. STREET A					e. IS RESIDENCE ON A FARM?
		TOWSO	CONVELSCE	NT HOM	E		406_CEI	TRAL	AVENUE_			YES NO
		NAME OF DECEASED Type or print)	HARMON		Middle		lasi <b>HSSFORD</b>		4. DATE OF DEATH	Month		oy Year 1950
	S. 5	SEX .	6. COLOR OR RACE		NEVER MARR		. DATE OF BIRTH	1	9. AG	E (in years IF		R IF UNDER 24 HRS
	M	ALE	WHITE	WIDOWED [		_	8 APRIL	1902	lost	57 yrs.	onths Days	Hours Min.
	100.	. USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired)	done 10b. KIN	D OF BUSINESS	OR INDUS	_		or foreign country)			F WHAT COUNTRY?
		FFICE MAN	AGER	SOUT	HERN FUE	T COL	_	YLAND			USA	
	13.	FATHER'S NAME	SERODE				14. MOTHER'S					
	20	PAUL GE	SFORD R IN U. S. ARMED FOR	CECS IV CO	TIAL CECUBITY NO	O   IN	FORMANT	ICE P	RIOR	Address		
-	{Yes	, no, or unknown)	If yes, give war or dates of si	ervice)				4 727 0077				DAY ATTO
			NONE		-14-3607		S. ELIZ	TREALH	W. GESSE	UKU 40		RAL AVE.
			TH [Enter only one co TH WAS CAUSED BY. IMMEDIATE CAUSE (o	18181	or (0) (0), and (c)		liver	-			ON	SET AND DEATH
			DUE TO			T.						7
		Conditions, if a	ny, which ) (b	1		V						
		gave rise to it couse (a), stating	nmediate (	•								
		lying couse lost.	) (c	1								
,	ATION	PART 11. OTH	ER S GNIFICANT CON	DITIONS CON	ITRIBUTING TO DI	EATH BUT I	NOT RELATED TO	THETERMIN	NAL DISEASE CON	D TION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO F
	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY (	OCCURRED	. (Enter noture of	injury in P	ort I ar Part II of i	tem 1B.)		
	MEDICAL	Hour o.m.	Y Month, Day, Yea	20d. INJU While of work	RY OCCURRED Not while		CE OF INJURY (I		20f (City or tov	rn]	{County	(Stote)
	2:	p. m.		1	// /	Ni/	2057	. 7	ec 23	205 Bu		
			at I attended the	deceased	3		1927	10 dus				w the deceased
İ		alive an_stre	Sy	19-5-4	, and tha	i death	accurred at		M, fram the c ADDRESS (Street, c			e stated abave.  DATE SIGNED
		ACTUAL SIGNATURE	Coluty.	San	her )	ns).	A.D		COOKESS (SIIDEI, C			
1		PHYSICIAN'S NAME (Type)		· · · · · · · · · · · · · · · · · · ·								
	220	BUR AL, CREMATIO	N, 22b. DATE THEREC	)F 2	2c. NAME OF CEA	AETERY OF	CREMATORY		22d. LOCATION (	City, lown, or o	ounty]	(State)
		BURIAL (Specify)	26 DEC.	59 F	PROSPECT	HILL	CEMETER	Y	TOWSON		MARYLA	IND
	23	FONERAL DIRECTOR	SIGNATURE	4	ADDRESS	22.01	71	24a. REC'E	BY REGISTRAR	24b. REGISTR	AR'S SIGNATE	JRE
	1	totali 15	LOVED SON	0 1	10118	INC 1	na.	DATREC	2 8 '59	arthur	2 & Krau	4

may be retain. By the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 should be detached far use as the burial-transit mermit. Then please remaye corbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 hoyst affect death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haun VS A1S (4) 1SM 9/S8

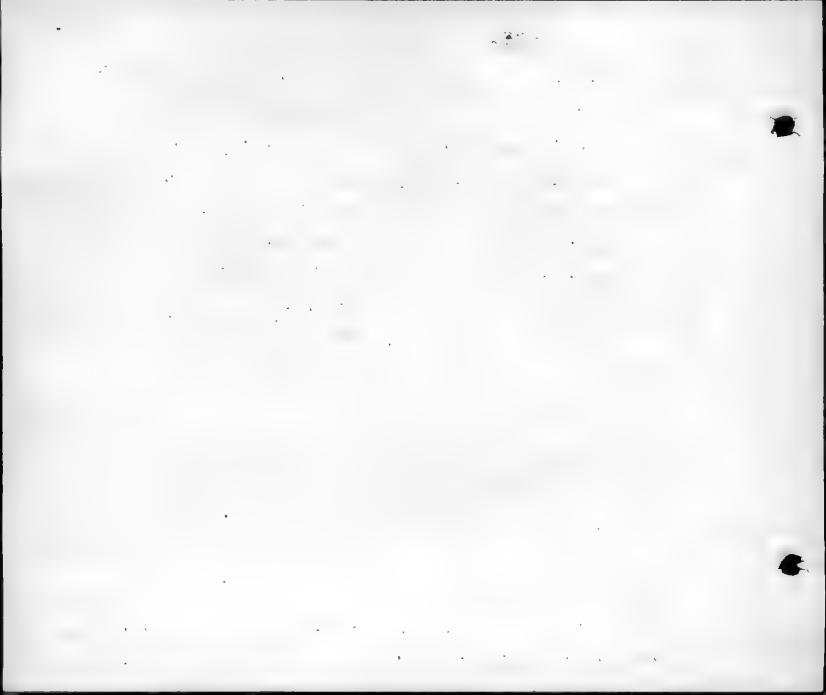
M

r death. Page 4

17-1-17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





13375 Reg. Dist. No.

b. CITY OR TOWN     antide carporate limit, write   SO2 days   SO2	PLACE OF DEATH     O. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WH		If institution: Resident county	ce before odmissian)
Vectoral Administration Hospital  1642 Ruxton Avenue  10 No A FARMY POPE OF THE COLOR OF RACE  10 No B CEARS ON  10 No B	Fort Hovar	f autside corporate limits, write arest tawn)				nits, write RURAL and g	ive nearest town)
DECRETATION   CIVE kind of work dame   Dec.   Discovered   Dec.   Discovered   Dec.   Discovered   Dec.   Discovered   Dec.   Discovered   Dec.   Discovered   Discovered   Dec.   Discovered   Dec.   Discovered   Dec.   Discovered   Dec.   Discovered   Dec.   Discovered   Discovered   Dec.   Discovered   Dec.   Discovered   Discovered   Dec.   Discovered   Dec.   Discovered   Dec.   Discovered   Discovered   Dec.   Discovered   Discovered   Dec.   De	OR INSTITUTION				nucton Ave	enue	ON A FARM?
Male    Negro	DECEASED				OF		
100. SURIAL OCCUPATION (Gire sind of works direct of work date, during most of working life, sound if entired)   Tractor Operator   Railroad   Baltimore, Md.   U.S.A.     13. FATHER'S NAME   I.M. MOTHER'S MADE   I.M.					lost	birthday) Months	
Charles E. Gibson  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Par. No. or subsecution)  16. SOCIAL SECURITY NO.  220-07-3331; Clin. Records VAH Balto 18 Md Ft Howard Division  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE DY  IMMEDIATE CAUSE (c)  Conditions, if only, which gove rise to immediate couse (o), totating the under locuse (o) totating the	10a. USUAL OCCUPATION during most of work  Tractor Op	ON (Give kind of wark dane 10 ung life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Baltimore	or fareign country)	12.CITI	
15. MAS DECEASEDEVER IN U. S. ARMED FORCES? [Takes, no.] inching and provided and survival and provided and survival and provided and survival and provided and p		F Gibson				222	
Tes WW IT 220-07-333! Clin.RecordsVAH Balto 18 Md Ft Howard Division  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAX CAUSE BY.  UREMTA DUE TO CHRONIC GLOMERULONEPHRITIS    Interval Retrieval	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.   #		uganting o		
PART I. DEATH WAS CAUSE BY.  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), string the underlying couse fold, string the underlying couse fold, string the underlying couse fold, string the underlying couse fold.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO   20g. ACCIDENT WAS UNDERLYING CITY AS UNDERLYING CITY OF DEATH I(if Either, NOTIFY MEDICAL EXAMINER)  20g. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED While Not while Gotory, street, office bidgs, etc.]  21. I certify that altended the deceased from March 2., 19. 59, to Depember 30, 19.59, EXDURANCE CONDITIONS (Stote)  ACTUAL CONDITIONS (County) (Stote)  ACTUAL CONDITIONS (COUNTY) (Stote)  PARTICIAN'S (Street, city or town, stote)  DATE SIGNED  ACTUAL CREMATION, 22d. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 22d. ICCATION (City, fown, or county) (Stote)  BUT 1. 1. (A. CREMATION) REMOVAL (Specify) 1. (A. CREMATION)			220-07-333L CL	in.RecordsVAH	Balto 18	3 Md Ft How	ard Division
20c. TIME OF INJURY Month, Day, Year Mon	Conditions, if o gove rise to it cause (o), stating lying couse lost.	DUE TO  ny, which the under-  DUE TO  DUE TO  DUE TO  (c)					UNKNOWN  1 (o) 19. WAS AUTOPSY PERFORMED?
21. I certify that attended the deceased from March 2, 19 59, to December 30, 1959, RECORDED WAS DECEMBED AND ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  PHYSICIAN'S NAME (Type) MARTIN W. GOTTLETB, M. D. VAH, BALTO. MD. FT HOWARD DIV 12/31/59  PHYSICIAN'S NAME (Type) MARTIN W. GOTTLETB, M. D. VAH, BALTO. MD. FT HOWARD DIV 12/31/59  220. BURIAL, CREMATION, PROVAL (Specify) Burial Cemetery or Crematory  BUT12 1		Y Month, Day, Yeor 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form	n, 20f. (City or tov		County) (State)
ACTUAL SIGNATURE  ACTUAL SIGNATURE  MARTIN W. GOTTLETB, M. D.  VAH, BALTO. MD. FT HOWARD DIV 12/31/59  PHYSICIAN'S NAME (Type) MARTIN W. GOTTLETB, M. D.  VAH, BALTO. MD. FT HOWARD DIV 12/31/59  220. BURIAL CREMATION, REMOVAL (Specify) Balto. National Cemetery OF CREMATORY  DIVINITIAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS (Street, city or town, state)  DATE SIGNED  ADDRESS (Street, city or town, state)  DATE SIGNED  ADDRESS (Street, city or town, state)  DATE SIGNED  2/31/59  22d. LOCATION (City, town, or county)  DATE SIGNED  22d. LOCATION (City, town, or county)  Balto. National Cemetery  DATE SIGNED  24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  LEM 4 260  Control of the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  2/4 LOCATION (City, town, or county)  DATE SIGNED  24a REC'D BY REGISTRAR'S SIGNATURE		19 at w	ark at work				
ACTUAL SIGNATURE  ACTUAL MD. VAH, BALTO. MD. FT HOWARD DIV 12/31/59  PHYSICIAN'S NAME (Type) MARTIN W. GOTTLEIB, M. D. VAH, BALTO. MD. FT HOWARD DIV 12/31/59  220. BURIAL CREMATION, BEINDYAL (Specify) 1/4/60  Balto. National Cemetery  Bultimore  ADDRESS (Sircet. city or town, state)  DATE SIGNED  12/31/59  PHYSICIAN'S MARTIN W. GOTTLEIB, M. D. VAH, BALTO. MD. FT HOWARD DIV 12/31/59  22d. LOCATION (City, town, or county)  Bultimore  Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS (Sircet. city or town, state)  12/31/59  22d. LOCATION (City, town, or county)  ACTUAL MARYLAND  24d. REC'D BY REGISTRAR SIGNATURE							
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) MARTIN W. GOTTLEIB, M. D.  VAH, BALTO. MD. FT HOWARD DIV 12/31/59  VAH, BALTO. MD. FT HOWARD DIV 12/31/59  220. BURIAL CREMATION   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   (State)  REMOVAL (Specify)   1/4/60   Balto. National Cemetery   Baltimore   Maryland    23. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   24d. REGISTRAR'S SIGNATURE    24d. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE    25d. ACTUAL   24d. REGISTRAR'S SIGNATURE   24d. REGISTRAR'S SIGNATURE    25d. REGISTRAR'S SIGNATURE   24d. REGISTRAR'S SI	HUSERDE		<b>XXXX</b> , and that death				
NAME (Type) MARTIN W. GOTTLETB, M. D. VAH, BALTO. MD. FT HOWARD DIV 12/31/59  220. BURIAL CREMATION, REMOVAL (Specify) 1/1/60 Balto. National Cemetery Baltimore Maryland  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE	arter W.	Cottleb				
Burial Specify)  1/1/60  Balto. National Cemetery  Baltimore  Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type) M	ARTIN W. GOTTL	EIB, M. D.	VAH, BALT	O.MD.F	LHOWARD DI	V 12/31/59
BUT1AL 1/4/00 Balto National Cemetery Baltimore Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)						(State)
JAN 4 260 0 7 2 4 2 4	burlat	1/4/60	····				
				. JAM	- 100		

Balto. Md.

ATTENBING MAYBICIAN: The law requires that the death certificate be executed within 2B Bay may be retained by the haspital or attending physician.

TO EUNERAL MINECTOR: After this certificate has been signed by the attending physicial and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and TO HOSPITAL VS A15 (4) 15M 9/58

ter death. Page 4

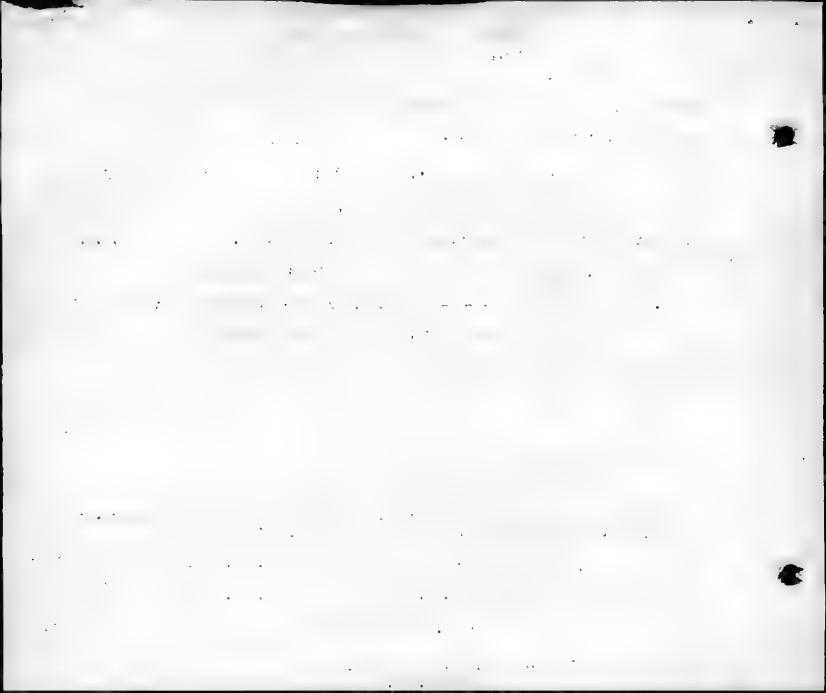
e funeral director, hauld be filed with

2 shavld I

Pages 1 and

after death.

the registrar prior to burial, cremation, or removal, and in any event within 72 hours,



X

death. Page 4

may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by includered director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OF

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

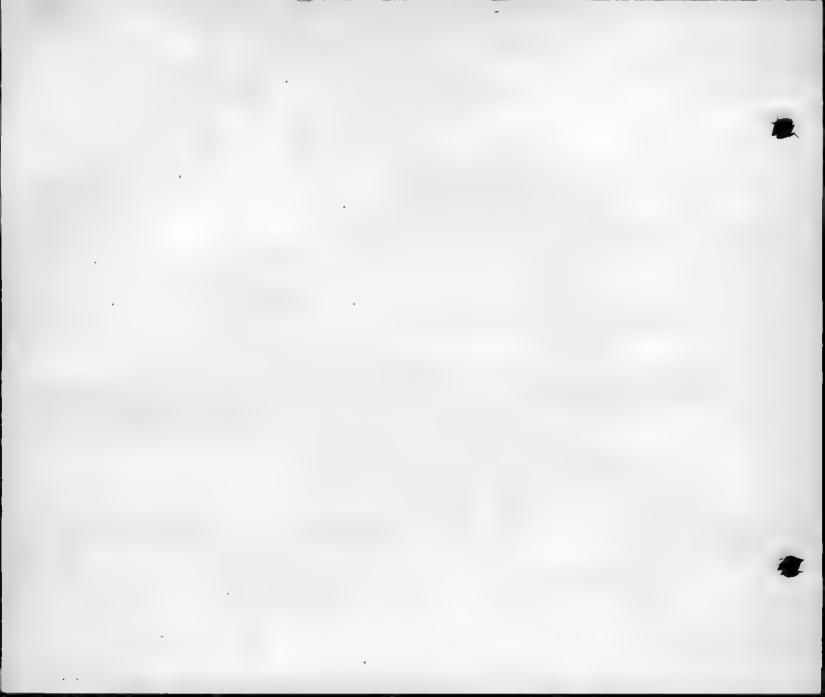
13376

3400	CERTIFICATE	OF	<b>DEATH</b>
<u> </u>			

-04

Reg. Dist. No.

1, PLACE OF DEATH  • COUNTY BE	altimore		MARY	LAND	2 USUAL RESII o. STATE	Md.	ere deceased	lived. If institut b. COUNTY	er Resid	ence befo	ore admiss	ion)	
b. CITY OR TOWN (IF RURAL and give nea Upperco	outside corporate limi rest town)	ts, write	LENGTH OF STAY	IN tb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street (	address)		d. STREET A	DDRESS					e. IS RES		
OK INSTITUTION	Trenton	Road	1		/ Trent	on R	load					NO D	
3. NAME OF DECEASED (Type or print)	Rachel		Middle ginia (Je		e) Gil		4. DATE OF DEATH	Dec 1	7,19	959 th	-,	Yeor 19	
5. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIE	ED 🔲	B DATE OF BIRTI	H 3 0 0 3		9 AGE [In years			IF UNDE		
Female	White	WIDOWE	DIVORCE	0 🔲	Aug . 28	TRRT		lost birthday) 78 yrs	Months	Days	Hours	Mın.	
during most of working life good of sectional										S.	COUNTRY		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME						
John We	sley Pri	ce			Ame	anda	Derr						
15. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of s		social security no Tone	. 17. f	rs.witc	chell	Hale	e,Upper	co, l	id.			
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under- lying cause lost.  (c)										ON	INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yr		
7	Traheto	-	melli	w					VEN IN PA	RT 1(a)	PERFO	AUTOPSY PRMED? NO	
200 ACCIDENT WAS OR CONTRIBUTING MOTOR CONTRIBUTING MOTOR MO			UURY OCCURRED Not while	20e Pt/	ACE OF INJURY (I	Home, form,	20f. (City			(County)	1	(State)	
21. I certify the olive on	V. /+ F	decease _, 19.5 o A	ed from Man	deoth	occurred of	10:30 A N S M	M, from	the couses of reet, city or town,  Lu M  Ch PS  TON (City town,	ond on slote)	the do	ite stote	ed obove	
23. FUNERAL DIRECTOR'S	SIGNATURE		St.Paul ADDRESS sterstow	n,M	d.	24a. REC'D	Arce by REGISTI EC 21 'S	RAR 246 REGI		IGNATU A. The	RE 4		



may be retained by the haspital or attending physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove caubon papers. Pages 1 and 7 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours/after death. M 0/4 VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

ofter death. Page 4

DATE DEC 21 '59

Costun & Three

	3.09	Ua	CERTIFI	CAI	E OF DEA	KIII				Reg. D	ist. No			
1. PLACE OF DEATH o. COUNTY	altimore		MARYLAN	Н	USUAL RESIDENCE	_ `	e deceose	d lived. If in b. CO		α-	nce befo		sion)	
b. CITY OR TOWN	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWI			prote limits, w	rila RU				n)	
RURAL and give r	tonsville		5mth3dys		Ia	Pla	tta.	Maryla	and		- - -	, ,		
d NAME OF HOSPI	TAL (If not in hospital, s	ive street o	oddress)		d STREET ADDRE							a. IS RES	SIDENCE	
SPRING	TAL (If not an hospitol, g GROVE STAT	E HO	SPITAL		Star	Rot	ute #	43					FARM?	
3. NAME OF DECEASED (Type or print)	Milf	ord	Middle		encoek	-	4. DATE OF DEATH	De	Month COM	_	_ = = -		The second second	
5. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED		ATE OF BIRTH			9. AGE (In )	years	44			ER 24 HRS.	
male	white	WIDOWE	D DIVORCED	K	Sept. 9,	, 18	77	lost birth	yrs.	Months	Doys	Hours	Min.	
100. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE	(State o	r foreign c	ountry)					COUNTRY	
farme	r					Un	known	1		U	S.	. A.		
13. FATHER'S NAME				1	4. MOTHER'S MAII		ME							
Unkn	own				Unkno	nw								
(Yes no ar unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	7 INFO	RMANT				Addre					
Unknown			nknown	1	Records:	SP	RING	CROVE	ST	ATE	HO:	SHIT	AL	
PART I. DE.  200.  Conditions, if a gave rise to couse (a), stoting lying couse fast.	The under-		mphosarcora	-		TERMIN	AL DISEAS	E CONDITIO	N GIVE	N IN PA		9. WAS		
	AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINERS		CRIBE HOW INJURY OCCU	,	,				8)				ио 🗗	
ZOC. TIME OF INJUITED HOUR O. m. p. m.	RY Month, Day, Ye	or 20d, IN While at work	Not white	factory	OF INJURY (Home r, street, office bldg	), form, 3., e*c.}	20f. (Cit)	y or town)			(County)		(Stote)	
ative anDe	NA KILLIN	12.5 Jack	9 , and that de	MD	3, 19_52, 10 corred at10: SPRIN	1.Qa	M, fran	inder, city of	ses or town, s	nd on t	the da	te state	decease ed above ATE SIGNE -15-59	
STEMOVAL' (Specify	12/17/		22c. NAME OF CEMETER	Y OR CI	REMATORY	7	nd loca	8. Eat	own, or	courfly)	ed	(State	el C	
23. FUNERAL DIRECTOR	CO DIONATURE /	1/	ADDRESS	17 1	240.	. REC'D	BY REGIST	IKAK [24b.	KEG IS	RAR'S S	LIGNAN	KE		



13378

13409

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

				V. N										
		PLACE OF DEATH	0		· MARYLA		USUAL RESIDENCE O. STATE	`_	_	l lived. If institute b. COUNTY	n: Residen	ice befor	e odmiss	ion)
	- 1	b CITY OR TOWN (II	daltimore ourside corporate limit	s, write	c. LENGTH OF STAY IN	1b	CITY OR TOWN			rote limits, write RI	JRAL and	діче леа	rest lowr	1)
		RURAL and give ne	arest town) Howard		6 harry 25		Bali	tiin	nore.			2	Voj.	. /
			AL (If not in haspital, g	ve street	6 hours 15	man.	d. STREET ADDRESS		1010				e. IS RES	
			Administra	tion	Hospital		190	3 V	V Balt	imore St			YES [	NO 🔯
	3.	NAME OF DECEASED	Fire	t	Middle		Lost		4. DATE OF	Mon	th	Do	y `	Yeor
		(Type or print)	EDWA	RD	J		HECKER		DEATH	Decembe	r	6	•	19 59
	5. 5	SEX	6. COLOR OR RACE	7. MARR	IED KNEVER MARRIED	□ B. C	ATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER			
		Male	White	WIDOWE	D DIVORCED		arch 10,	189	93	66vrs.	Monins	Days	Hours	Min
	10o	. USUAL OCCUPATIO	N (Give kind of wark ding life, even if retired)	ane 10b	KIND OF BUSINESS OR I					untry)	12 CIT	IZEN OF	WHATC	OUNTRY?
		Baker	ing ine, even it jenteoj		akery Shop		Baltimo	re	Mary]	Land		US.	A	
	13.	FATHER'S NAME				- 1	MOTHER'S MAIDE	N N	AME					
		Edward H	ocker				Marie H	arl	berman	1				
		WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT			Addı	'ess			
1	[Tes	i, no, ar unknown) (	If yes, give war or dates of se		8-28-7628	Clir	Rec VAH	Ba:	lto 18	3, Md Ft.	Howar	rd D	ivis	ion
			TH [Enter only one co	use per lin	ne far (a), (b), and (c).]							INTE	RVAL BE	TWEEN
		PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (d)	CER	EBRAL THROM	BOSIS	LEFT MID	DL	E CERI	EBRAL ARI	ERY	3	day	S
		33xx	DUE TO											
		Conditions, if or	ny, which ) (b)	TOR	MA LUNGS							1	2 ho	urs
		gove rise to in	nmediate (		201100									
		couse (a), stating t lying couse last	te nugar-											
	Z	PART II. OTH	ER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TE	RMIN	IAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	P. WAS	AUTOPSY
	ATE	Generalized arteriosclerosis; Diabetes Mellitus  PERFORMED?  YES [2]: NO []												
."	CERTIFICATION	1900 ACC DENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH												
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	MEDICAL		Manth, Day, Yea	r 20d. IN	JURY OCCURRED 20		OF INJURY (Home, f			or town)	Į+	County)		(State)
1	AED!	Hour a.m. p.m.	19	White of work	Not while	tactory	, street affice bidg ,	etc.)						
	-		VA	_	ed from 10:15A	M Dec	: 610 KO tali	3	OPM D	ec 6 19 50	harria	MENSON A	DATE OF THE STATE OF	25/25/4
					XXXX and that de									
		1	V	7	6 1	Julii GC	00,100 0144-5			reet city or town,		. 4410		E SIGNED
		ACTUAL	ton W	vel.	i Fred	44.0	VAH BALT	חי	18 M	שומו ידיו מ	ARD III	TV.	12/	17/59
		-			/								- 4	1- 1-
		PHYSICIAN'S NAME (Type)	JOHN W. CR	AWFOR	RÓ M.D.		VAH BALT	0.	18, M	D FT HOW	ARD D	IV	12	/7/5
	220	BUR AL, CREMATION REMOVAL (Specify)	N, 22b DATE THEREO	[مسير	22c NAME OF CEMETE	RY OR CI	EMATORY		22d LOCAT	ION (City, town, o	or county)		(Stote	e)
		Rurial	16-10-	00	Baltimore	Nat				timore,				
		FUNERAL DIRECTOR'S			ADDRESS			15.7	BY REGIST	RAR 245. REGIS	TRAR'S SI			
	1	Wm Cook Bl	ight Inc 6	009 I	Marford Rd B	alto	THE MIDATE	וע	EC 9 '	23	Action 1	. 100		
			-											

death. Page 4 funeral director, may be retain, 2, the haspital ar attending physician.

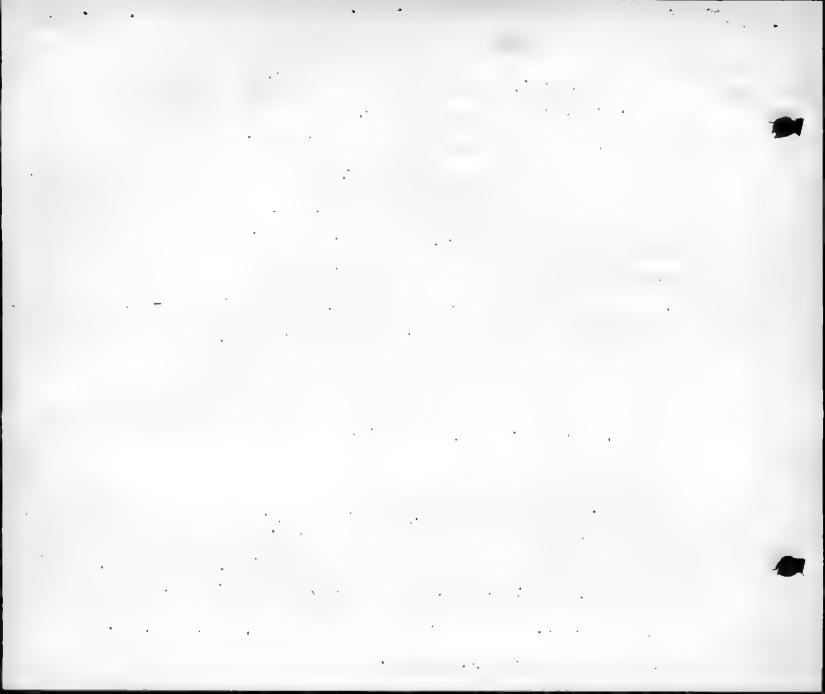
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by 74 funeral page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

requires that the death certificate be executed within 24 haurs

TO HOSPITAL O

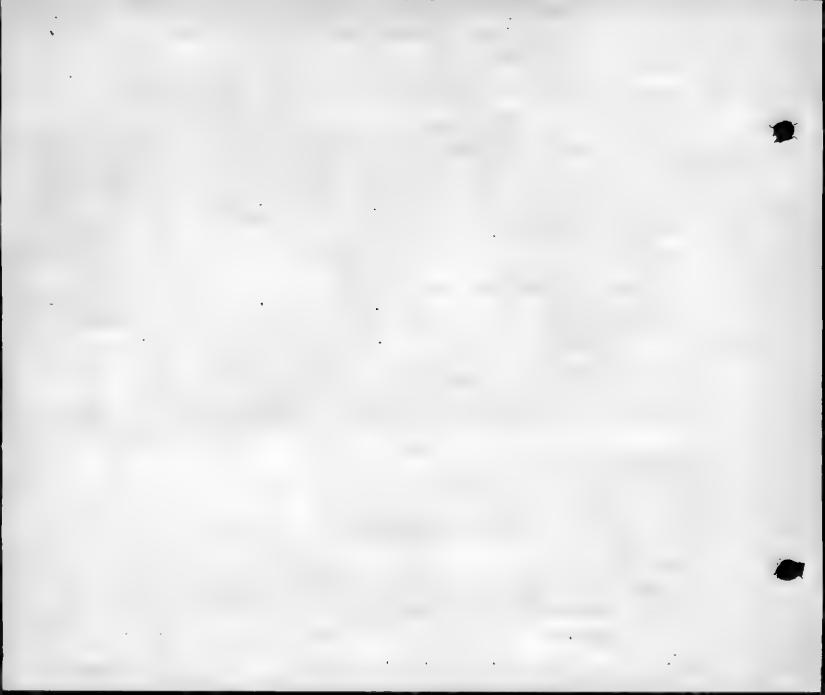
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filed with 



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13379 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

					<del></del>				Control of the Contro
1. PLACE OF DEATH o. COUNTY	Baltimor		MAR	YLAND	2. USUAL RESIDENCE 0. STATE MAR	(Where deceased )	ived. If institution b. COUNTY	_	before admission) 1t1more
b. CITY OR TOWN (	e River	RURAL C. 1	ENGTH OF STAY	/ IN 1b	c. CITY OR TOWN	outside corpora dle Riv		IRAL ond giv	re nearest town)
1	AL OR INSTITUTION (II	•	give street oddre	185)	d. STREET ADDRESS	***-*	(M) T		e. IS RESIDENCE ON A FARM?
	White Thor	n Way			440	White	Thorn	way	YES NO
3. NAME OF DECEASED (Type or print)	PEARL		MAE	HED	DERMAN	4. DATE OF DEATH	Decembe		8, 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE			9.		. ,	AR IF UNDER 24 HRS
Female	White	WIDOWED 📑	DIVORCED	J1	ine 21, 1	893	OO vrs.	Agaiths Day	Hours Min.
10a. USUAL OCCUPATE during upon of workin HOUSEV	ON (Give kind of work d ag life, even if retired)	one 10b. KIND	OF BUSINESS OR HOME	INDUSTRY	Baltimo	re, Mar	yland	l .	OF WHAT COUNTRY
13. FATHER'S NAME	0			1	4. MOTHER'S MAIDEN				
Peter	Kraf				Sara		ynch		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dotes of s	CES? 16. SOCI	AL SECURITY NO		ORMANT	1.4	Address		
no				Mr.	Edward Br	own-440	White	Thor	n Way -2
	TH (Enter only one cause TH WAS CAUSED BY: HAMEDIATE CAUSE (o) DUE TO	e per line for (o	), (b), and (e).]	KNS	ive CAP	dio-GA	-Se-LA	r/ "	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if o		- dV	1SeAS	2					
gove rise to imme (o), stating the cause lost.	A BUILT TO								
PART II. OTH	HER SIGNIFICANT CONE	TO eta	BUTING TO-DEAT	TH BUT NO	TRELATED TO THE TERM	WINALDISEASE CO	ONDITION GIVEN	IN PART 1(c	PERFORMED? YES NO 2
	USE WAS NTRIBUTING []	DESCRIBE HOY	W INJURY OCCU	IRRED. (Ent	er noture of injury in Po	ort tor Port II of i	tem 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yeo 19	While	Not while of work	loctory	OF MURY (Home, for	m, 20f (City or	lown)	(County)	) (Slote)
21. I certify th	nat I taak charge	af the remo	ins describe	d abave	, held an Autap	sy 🔲, insp	ection .	Inquiry	I and find the
death resulted	fram: Natural o	auses 💟,	Accident [	, Suici	de 🔲 , Hamicia	le 🔲, Unde	etermined cau	use [].	
ACTUAL SIGNATURE	的多次	ない	min	,	M.D. CHIEF MEDICAL	EXAMINER [	,	/	DATE SIGNED
EXAMINER'S NAME (Type)	MBD	AVIS	MI	),	DEPUTY MEDICAL	7	- 1	1291	19
220. BURIAL CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREOI		NAME OF CEME		_	22d. LOCATION	N (C'ty, town, or o		(Stole)
Burial	Dec.31.1		oudon	Par		710			Mary land
23. FUNERAL DIRECTOR			ADDRESS	v.a		"D BY REGISTRAR			
i n. bande	r & Sons.	Tuc. P	alto	MG.	0.470	an 4 '60	Catt	. n 9 dr	

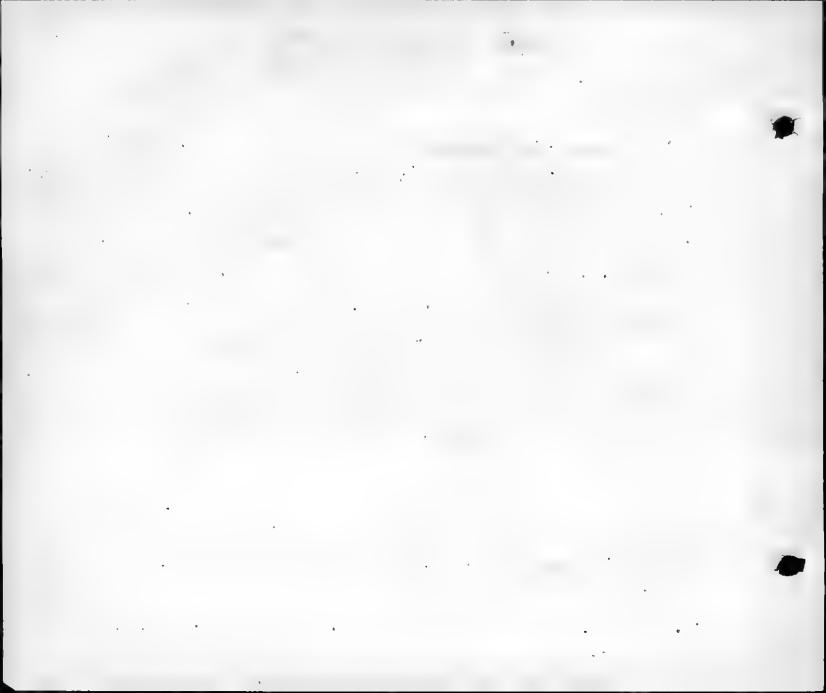


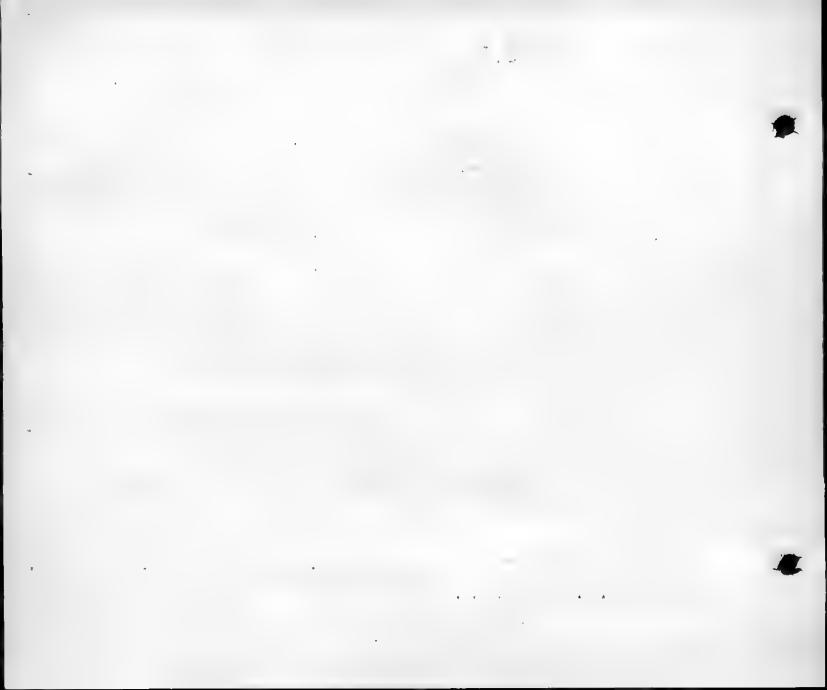
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3380 CERTIFICATE OF DEATH 13404 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY MARYLAND CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RUPAL and give necest Jayen) d, NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? **ØR INSTITUTION** ouce-YES NO 4. DATE OF DEATH NAME OF Middle Yeor DECEASED (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER-MARRIED B DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs WIDOWED T on papers. death. USUAL OCCUPATION (Give kind of work done 10b. KIND dyring most of working life, even if refired) COM OF BUSINESS OR INDUSTRY (11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.a. pup mestic carban after FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Move 15/ WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which signed gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. 206 DESCRIBE-HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18 ) 200 ACCIDENT WAS UNDERLYING certificate

OR DIRECT 0 VS A15 (4) 15M 9/58

should

PART IL, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO IN OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while 19 p. m. at wark at work 21. I certify that I oftended the deceased from 1922 That I last sow the deceased and that death occurred at I I M. from the causes and on the date stated above DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Krous





X

5. TO HOSPITAL TITENDING PHYSICIAN: The law requires that the death certificate be executed may be retailed to the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage a should be detached for use as the burial-transit permit. Then please remaye carbon pape
the registrar prior to burial, cremation, ar remaval, and in any event within 72 hayts after death.

VS A1S (4) 1SM 9/58

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MARY	LAND	STATE	DEPARTMEN	r OF	HEALTH-	-BALTIMORE,	18
-1	210	0 (	CEDTIEIC A TE	. 05	DEATH		

CERTIFICATE OF DEATH

13382

		36	, P4 11	AIE OF DEATH					Reg. Dist. No.					
1	PLACE OF DEATH					USUAL RESIDE	NCE (Who	ere decease			on: Reside	ence befo	are admiss	sion)
	o. COUNTY	Baltimore		MARYLAND	·	o. STATE	arvla	and	ь.	COUNTY	Ŧ	3a] t.:	imore	2
		(If outside corporate limi	ts, write	c LENGTH OF STAY IN 18	,	c. CITY OR TO			orote limi	ts, write R				
	Fullert	nearest town)			P. S.	Ft	ılleı	ton						
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	jive street	oddress)	A	d. STREET ADD	PRESS						e IS RES	SIDENCE FARM?
	14 Fo	rge Haven D	rive			]	4 Fo	rge I	laver	Dri	ve			NO T
3.	NAME OF DECEASED	Fic	st	Middle		Last		4 DATE OF		Mon	th	De	ру	Year
	(Type or print)	THELMA		ISSABELLE	E	ERTZOG		DEATH	De	cemb	er 29	3.		1959
S	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	] 8. D.	ATE OF BIRTH			9. AGE	(In years irthday)	-	1	1	ER 24 HRS.
F	emale	White	WIDOWE	D DIVORCED	Se	ept. 27,	191	.0	49		Months	Doys	Hours	Mîn.
100	USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	E (State	or fareign c	country)					OUNTRY?
L	At home					Penr					1	J.S.	A.	
13.	FATHER'S NAME				14	. MOTHER'S M	AIDEN N	AME						
	William	D. McKean				Iva I	Beach	el						
		ER IN U. S ARMED FOR				RMANT				Add				
'	No.	(1. )11, g. 10 11 11 11 11 11 11 11 11 11 11 11 11		1	Robe	ert L. F	lertz	og 14	For	ge Ha	aven	Dri	ve .	
	18. CAUSE OF DE	ATH [Enter only one co	use per lir			,						INT	ERVAL 86	ETWEEN
	PART I. DE	ATH WAS CAUSED BY:	, 7)	May 3 21 1	2.4.4	1-1.1.						ON	SET AND	DEATH
	/3/X	DUE TO		13/30-4.21-1-1-10-1	1-27									- ; · · · · · ·
	Conditions, if	one which )			4 .									
	gove rise to	immediate	,										-	
	lying cause lost.													
Z				ONTRIBUTING TO DEATH B	ULNO	RELATED TO T	HETERMII	NALD SEAS	SE COND	ITION GIV	/EN IN PA	RT 1(a)	19. WAS	AUTOPSY
15								4, 12 - 0 - 10		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFC	ORMED?
15	20g ACCIDENT W	AS HINDERLYING TI	20h DESC	CRIBE HOW INJURY OCCUR	DED 15	nter noture of i	niury in P	Port Lar Po	rt II of its	m 181			1E3 [_	1 40 🗆
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	100. 00.00	CRIBE HOW HOOK! OCCOR	MED. IL	III GI II OI OI I	11/91/ 11:1	0(110110	.,					
	20c. TIME OF INJU	RY Month, Doy, Ye	ar 20d. It	NJURY OCCURRED 20e	PLACE	OF INJURY (Ho	me, farm	20f (Cit	y or town	1)		(County)		(State)
MEDICAL	Haur a.m.		While at worl	Not while	factory.	, street, office b	ldg., etc.	)	•	•		, , ,		, ,
2	p. m.				10	57		1.6	9 4	5	/			
		hat I attended the	deceas			19_5/	11- 1							
	alive an		, 12	, and that dec	ith ac	curred al _{.50}						ne dat		d abave. TE SIGNED
	ACTUAL			1 /			1 0	ADDRESS (S	otreet, City	or tawn,	stote)	4.	DA	IE SIGNED
	SIGNATURE	00/2000	(_)	1/22278	M.D.		A-4				//			
	PHYSICIAN'S NAME (Type)	600000	20,1	CTT.				: 1.	4-4 3	. · ·	· · · · · ·		*	
220	BURIAL, CREMATIO	ON, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CR	EMATORY		22d 1OCA			*	}	(Stat	te)
	Burial (Specif)	"   12/31/59		Gardens of	Fa	ith		Balt	imor	e, Mó	1.			
23,	FUNERAL DIRECTO	R'S SIGNATURE	4030	ADDRESS Belair Road.		2	4a. REC'l	BY REGIS	TRAR	24b. REGI	STRAR'S	IGNATU	IRE	
[ '	OTTLEGIT E	mierar nome	4%TO	perari. Mosd.		0	ATE D	FC 3 1	'59		. 17	04		

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VS A15 (4)

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ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15384

13408

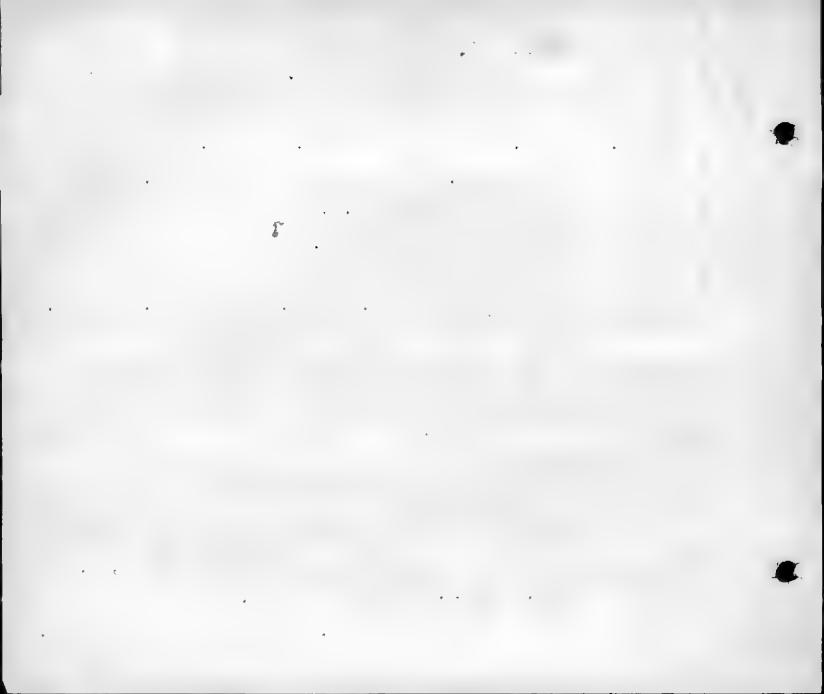
## **CERTIFICATE OF DEATH**

Page Diet Na

				-					Keğ, Dist. I	10,	
1.	o. COUNTY Bal.	timore		MARYLA	- 11	USUAL RESIDENCE (Who STATE : Md.	ere deceased l	ived. If institution b. COUNTY	Residence be Balti		ission)
	RURAL ond give ne Catons	ville		c. LENGTH OF STAY IN	1b	c CITY OR TOWN (IF or Catonsvil		te limits, write RUI	AL ond give	nearest to	wn)
	OR INSTITUTION	Rolling R		oddress)		d. STREET ADDRESS	lling	Rd.		ON	ESIDENCE A FAPM?
3.	NAME OF DECEASED (Type or print)	ANNA		Middle E	1	lost IOLI AND	4. DATE OF DEATH	Month		Day	Yeor
5.	SEX		7. MAR	RIED NEVER MARRIED	_	ATE OF BIRTH		De AGE (In years	F UNDER 1 YE	AR IE UN	19 59
L	female	whi te	WIDOW	ED 🔀 DIVORCED [	i No	v. 7, 1885		lost birthdoy) 74 yrs.	Months Doy	_	
10	<ul> <li>USUAL OCCUPATIO during most of work</li> </ul>	N (Give kind of work a ing life, even if retired	fone 10b.	KIND OF BUSINESS OR I	NDUSTRY		or foreign cou	niry)	12. CITIZEN	OF WH	AT COUNTRY?
F	Housewife					Md.					
]]3.	. FATHER'S NAME				14	I. MOTHER'S MAIDEN N	AME				
1	Jacob Wol					Unknown					
IS.	ei, no. or unknown) [ {	IN U. S. ARMED FOR If yes, give wor or doles of si	CES7 16. ervice)		17. INFOI			Addres		-	
	no			none	Mr.	Gordon M.	Hollan	d - 103	N. Rol	ling	Rd.
	Conditions, if on gove rise to in couse (o), stoting t	mediote (	, <i>F</i>	PEREBRA			CARL		/ /	•	20 yK
CERTIFICATION				DIABET	E5	MELLA	ITUS		I IN PART 1(o)	PERI	S AUTOPSY FORMED?
l	,	CAUSE OF DEATH MEDICAL EXAMINER)	ZVD. DESI	CRIBE HOW INJURY OCCI	JRRED. (Er	nter nature at injury in P	ort I or Port II	of riem 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. Il While of work	Not white	e. PLACE ( foctory,	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or	r town)	(Count	iy)	(Stote)
	21. I certify the	at I attended the	deceas		ath occ	urred at 6	M, from	the causes and the causes are the causes and the causes are the ca	d on the d	date sta	e deceased ited above.
	ACTUAL SIGNATURE	James	3	. / Cone	M.D			Road C			
	PHYSICIAN'S NAME (Type)	James E.	Row	e, M.D.		1485445	Ri. 7	4252			
220	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	12/24/5		22c. NAME OF CEMETER Druid			22d. LOCATIO	N (City, town, or	county) Pikesv:	,	ote) Md
23	FUNERAL DIRECTOR'S	SIGNATURE	01	ADDRESS			8Y REGISTRA		RAR'S SIGNAT		
V	11m Y	Jickeu	17	Jour- 16	cil	DATE D	EC 2 4 '5	19 a	Muy 8. 1	trains	

may be retain by the haspital or attending physician.

TO FUNERAL DACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OF VS A15 (4) 15M 10/57



. IS RESIDENCE

YES | NO

IF UNDER 24 H

Haurs

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

(State)

Day

Days

00

(County)

24b. REGISTRAR'S SIGNATURE

Cirthur S. Kraus

240 REC'D BY REGISTRAR

ON A FARM

Year

13409 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ). PLACE OF DEATH & a. COUNTY g. STATE b. COUNTY MARKET SAME b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If autside carporate limits, write RUBAL and give nearest town) RURAL and give negrest flawn) NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Middle Month (Type or print) PCAM 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED Months WIDOWED yrs KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State 10a. USUAL OCCUPATION (Give kind of work done) 10b. 12 CITIZEN OF WHAT COUNTRY? during most of working life, even in retired) ouse 13. FATHER'S MAME 16. SOCIAL SECURITY NO give war or dates of service! 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED Doy, Year factory, street, affice bldg., etc.) Haur a.m. While Not while at work at work p. m .Ahat I last saw the deceased 21. I certify that I attended the deceased fram that death accurred at 4:30AM, from the causes and an the date stated above. **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE/THEREOF 22g-BURIAL, CREMATION. 22c NAME OF CEMETERY OF CREMATORY EMOVAL (Specify)

ADDRESS

FUNERAL DIRECTOR: shauld 0 VS A15 (4) 15M 9/58

MERAL DIFECTOR'S

director,

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paper

gud

physician

attending

death

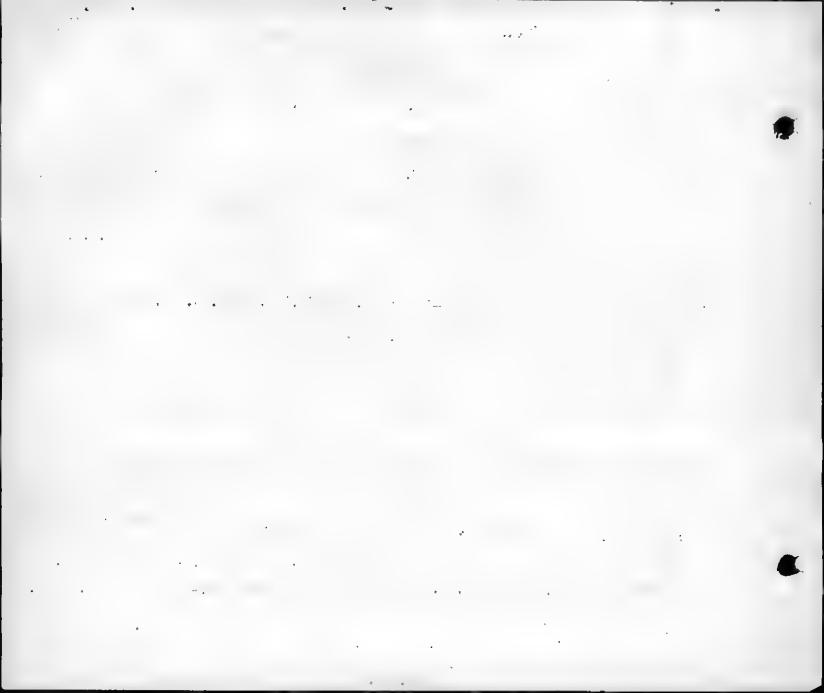
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 13410 Rea. Dist. No. director PLACE OF DEATH
a. COUNTY
Baltimore 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) **b.** COUNTY Maryland MARYLAND unerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Gambrills 201 days o Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? by 2. YES NO Veterans Administration Hospital c NAME OF First Middle 4. DATE Month Last filled DECEASED HOWARD December JOSEPH DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years S. SEX last birthday) Months Days Hours December 11. 1892 White WIDOWED IT DIVORCED [7] papers. Male YIS. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death U.S.A. Maryland Painter pup offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician b Rachel Robinson William Howard hours remove WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. INFORMANT Address 217-07-703 dClin.Records.VAH.Balto.Md. Ft. Howard Division attending 2 WW Yes please within 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH THE BLADDER PART I DEATH WAS CAUSED BY CARCINOMA OF vears IMMEDIATE CAUSE (a) **DUE TO** permit. Conditions, if any, which paub pave rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit physician. CERTIFICATION PART II. OTHER SIGN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 YES NOT has attending 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while this of work p, m, at work 59 to December 1 21. I certify that Aattended the deceased fram May white grows a composition of the death accurred at 3:20 RM from the causes and an the date stated above. deloc FUNERAL DIRECTOR: DATE SIGNED ADDRESS (Street, city or lown, stole) VAH. BALTIMORE, MD. - FT HOWARD DIV.12 ACTUAL should Б PHYSICIAN'S NAME (Type) DANIEL A. NIEVES, M. D. VAH, BALTIMORE, MD.-FT HOWARD DIV.  $^{\circ}$ 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) Baltimore, Md. Baltimore National Buria] 0 BIENIE MAGO. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S VS A15 (4) arthur S. Kinua 159 Furered Home. 15M 9/58



13387 Item 18 Film 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND Balto. b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) cklysville 0 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) /d. STREET ADDRESS prior ON A FARM? YES NO NAME OF Middle 4. DATE Month Year DECEASED OF DEATH au (Type or print) 19 for 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH т Р lost birthday) Months Days Hours Min. WIDOWED I DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 20 duting most of working life, even if retired) and and 1111113¢ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges Page 5 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give way or dates of service) E Give PM3. permit. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease form IMMEDIATE CAUSE (0) along with for burial-transit DUE TO with Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION 80 PERFORMED? used NO [ 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part 11 of item 18.) þ PRIMARY | or CONTRIBUTING CAUSE OF DEATH. should Month, Day, Year 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, i 20f. (City or town) (County) (Stote) riting the factory, street, office bldg., etc.) While Nat while g. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🖼 Inspection Inquiry and find that DIRECTOR: 1 Accident . death resulted from Natural couses Suicide [7]. Homicide Undetermined cause S. C. DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER forwarded to ASSISTANT MEDICAL EXAMINER X remova **EXAMINER'S** DEPUTY MEDICAL EXAMINER [7] NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. SURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or (county) (Stote) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



V			MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 X			13412 CERTIFICATE OF DEATH Reg. Dist. No.
coth: Page eral director be filed with		_	ALACE OF DEATH COUNTY CALONS VILLE MARYLAND  2. USUAL RESIDENCE (Where doceased lived. If institution: Residence before admission) o. STATE MARYLAND  5. COUNTY BALTO C. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
funer funer			RURAL and give nearest town)  10 URS  CATONS VILLE
nd 2 sh	<		1. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5926 Cecil Ave, 5926 Cecil Ave, ves not
n 24 h			NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH DECEMBER 1959
hpletely fers. Pog		5. S	EMPLE WhiTE WIDOWED DIVORCED 6/23/1872   lost birthday) Months Days Hours Min.
and can bon pap er death			USUAL OCCUPATION (Give kind of work done done done done done done done done
certificate by g physician remove car 72 hoars after	)		MARTIN TUNNEM 13 NN UNKNOWN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5926 C+cih Avadress BALTO. 7 Mb.,  NO. OF UNINDOWN) (If yes, give wor or dotes of service)  NO. Will in M. E. T. C. 44.5
it the death the attendir Then please vent within			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
requires the			Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause lost.  (b) Utilized A United A
The low g physici hos beer priol-tran moval, a	J	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES   NO
CIAN: ntending rificate s the bs n, or re			20c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY Home, form 20f. (City or lowe)
S PHYS ital or c this ce or use o		MEDI	Hour a. s., p. m. 19 While Not whale of work o
FENDING The hosp The			21. I certify that I attended the deceased from 1949, to 1949, that I lost sow the deceased alive on 1949, and that death occurred at 40 M, from the causes and on the date stated above.
DE CTC	,		ACTUAL SIGNATURE SIGNATURE M.D. 41 12 12 15 16 17 14/59
SPITAL De retai BERAL 3 shaul gistror	1		PHYSICIAN'S NAME OF CEMETERY OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120 NAME OF CREMATORY 120 DOCATION (SIN DATE THEREOF 120
O HO D FUN Poge The re			Burnel 12/16/1959 London Pack Can. Balta. Br.d.
VS A15 (4) 15M 9/55		23. (	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE
			35/2 Frederick aug. 29-



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VII A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13414 CERTIFICATE OF DEATH

Reg. Dist. No. 13390

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1	PLACE OF DEATH o. COUNTY	Baltimore		MARYL	H	2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission) o. STATE Maryland b. COUNTY								
	b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If o	outside corpo	rate limits, write R	URAL and	give neares	it town)			
	Fort	Howard		4 Days		Baltim	ore		3 A O	1-4				
	d. NAME OF HOSP	ITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS		e.	IS RESIDENCE					
_		ns Administr				1604 Harl	em_Ave	nue			ON A FARM? (ES NO XX			
3.	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Man	ith	Day	Year			
	(Type or print)	ISAI	ORE	(MMI)	J.	ENNINGS	DEATH	Decem	ber	8	19 59			
5.	SEX	6. COLOR OR RACE	7- MARE	HED NEVER MARRIED	8.	DATE OF BIRTH		9 AGE (In years			UNDER 24 HRS			
	Male	Colored	WIDOW	ED XX DIVORCED		2/22/89		last birthday) 70 yrs.	Months	Doys H	lours Min.			
10	o. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign co	ountry)	12.CITI	ZEN OF W	HAT COUNTRY?			
	Laborer	rking life, even if retired		Plumbing		Brooklyn,				U.S.A				
13	FATHER'S NAME					14. MOTHER'S MAIDEN N								
	W	illiam H. Je	min	gs		Dorind	a Bur	ley						
15	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INF	DRMANT		Add	ress					
ſγ	Yes	(If yes, give wor or dotes of s	ervice)	200	Cli	n.Records, Ve	ts.Adm	.Hosp.Ba	lto,M	d.Ft.	Howard			
		ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	E	PIDERMOID C		NOMA OF LARY LYMPH NODES	NX WII	'H METAST	ASIS	ONSET	AL BETWEEN AND DEATH YFARS			
	Canditians, if gave rise to cause (o), stating lying cause lost	the under-		ACHEXIA DEMA OF LUN	3S					2	MONTHS			
CERT, FICATION						OT RELATED TO THE TERM!			EN IN PAR	, ,	WAS AUTOPSY PERFORMED? ES KK NO			
	OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING  GCAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in I	Port I or Port	Il of item 18.)						
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	10	White	NJURY OCCURRED 2  Not while  of work		E OF INJURY (Hame, form ry, street, affice bldg., etc.		or town)	(0	County)	(State)			
	21. I certify t	hat Lattended the	deceas	ed fram Decemi	er l	L., 19.59, to De	cember	8 , 1959	tharteteta	strsoryc k	hendereoned			
	MADERANCO	00000000000	COUNC	XXXXX, and that a	leath a	ccurred at 10:421	M. fram	the causes an	d on the	date st	tated abave.			
		1 0	1	0 /				reet, city ar tawn,			DATE SIGNED			
	ACTUAL SIGNATURE	John ll /	200	NTANCI	М.	VAH, BALT	n Mn	TORT H	CHARD	DTVT	STON			
	JOHA TORK	The Pro-	-y-v	1.A	M.	- T-Keenileener			SECURITY HE	- delete V. de	P54755F			
	PHYSICIAN'S NAME (Type)	OHN W. CRAW	FORD	M.D.		VAH, BALTO	0. MD.	FORT HO	WARD :	DIVIS	ION			
22	O. BURIAL, CREMATI	ON, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR (	REMATORY	22d. LOCAT	ION (City, tawn,	or county)		(State)			
	REMOVAL (Specify	12-11-	1950	Baltimore	Nati	ional	Ro	ltimore.	Mazze	land				
23	FUNERAL DIRECTO			. ADDRESS		24n PEC'I	D BY REGIST	RAR 24b. REGI	STRAR'S SIG					
	Arlington	S. Phillips	18	08-10 N. Mor Ltimore 17.	roe	Street	EC 1 4 '5		e1 - 0	4				
	TIOU MELLINE	20 - 11TTTTT	e_Det.	TOTAL TOTAL	Pie I	TSION PART D	CU [7 i	JW [ O	Aling &	ZILLOUL				



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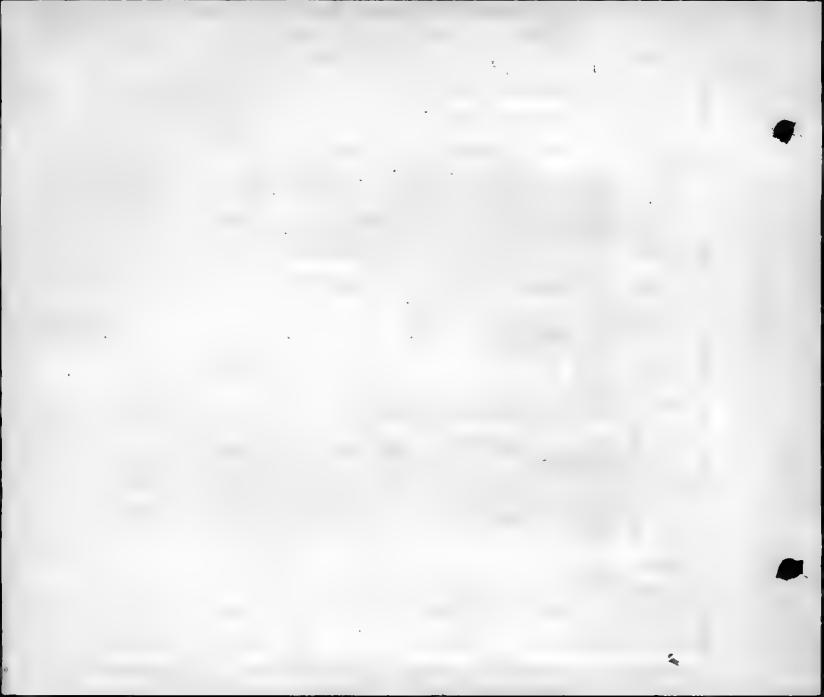
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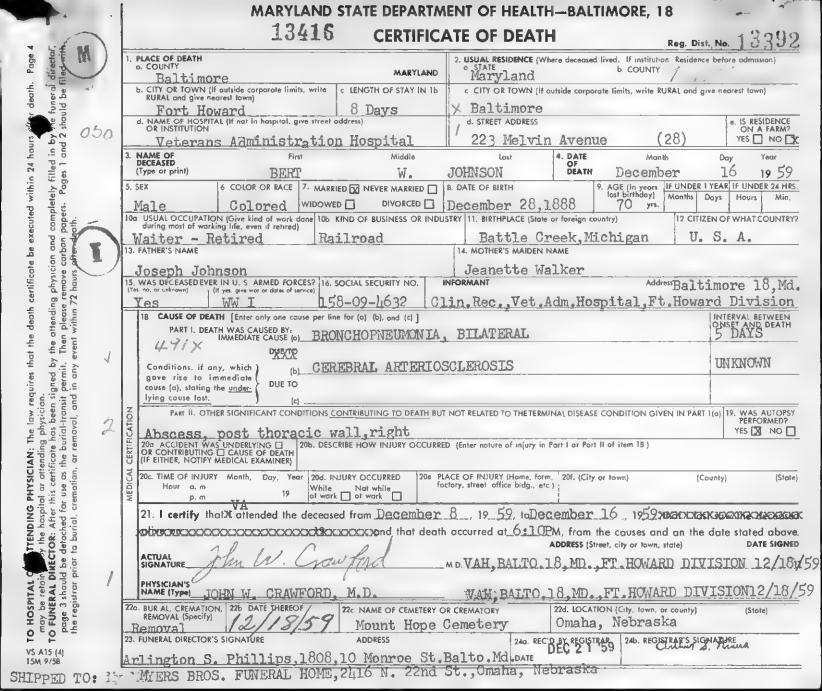
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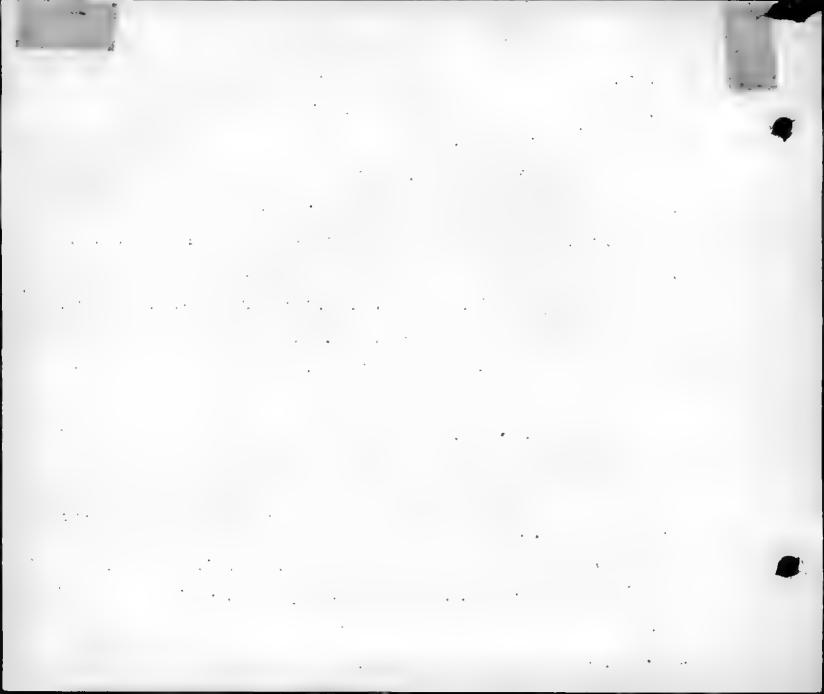
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) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside coronrate limits, write E. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give negrest town) CITY OF TOWN RURAL and give negrest town? should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION EN.U. 3 NAME OF 4. DATE Middle lost DECEASED DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [7] DIVORCED T C) yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if february 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Sauceattending s 2 215-01c CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO permit. dny Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse fost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy," Year 20d. INJURY OCCURRED (County) Hour a. ft. factory, street, office bidg., etc.) While Not while 19 of work p. m. at work  $\square$ 21. I certify that I attended the deceased from That I last saw the deceased and that death accurred at 7/1 .M. from the causes and on the date stated above. ADDRESS (Street, city/or town, state) ACTUAL SIGNATURE RAL DI PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) TO FUN REMOVAL (Specify) **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 arthur 8 Thous







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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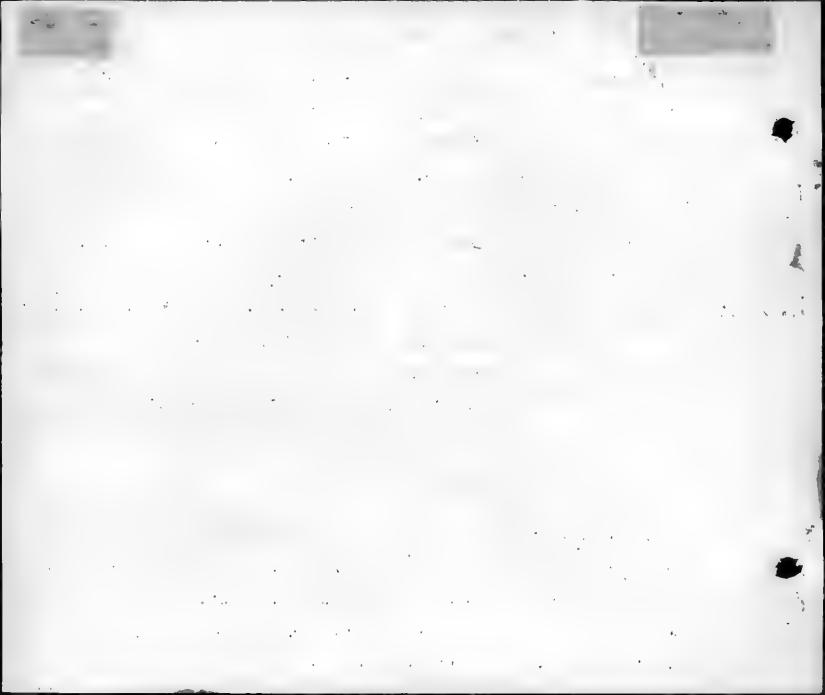
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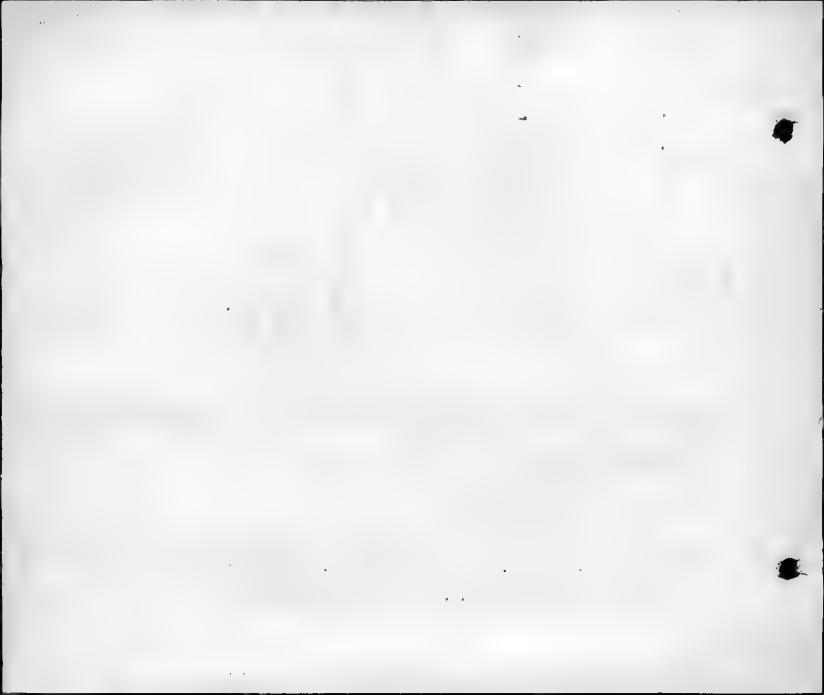
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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

13395

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY. MARYLAND Baltimore Baltimore Marvland b. CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Dimdalk . IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 7019 Dumbar Road 7019 Dunbar Road YES NO NAME OF 4. DATE Figst Middle Lost Month Day Yeor DECEASED IDA S. JONES DEATH December 1. (Type or print) 19 59 9. AGE (In years lost birthday) 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH Doys DIVORCED | Female White WIDOWED TX 75 Nov. 2. 1884 10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? At home Virginia U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Sandridge WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Mrs. Mary J. Bowen 7019 Dumbar Road, -22, No. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4.00.0 **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \ NO \ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Port III of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while ot work of work 21. I certify that I attended the deceased from July 20 19.59 to December 1. 19.59 that I lost saw the deceased and that death accurred at \$ A. M, from the causes and an the date stated above. December alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 2900 Dunran Road. **PHYSICIAN'S** NAME (Type 220. BURIAL, CREMATION, 22d, LOCATION (City, town, or county) 22b. DATE THEREOF 22¢ NAME OF CEMETERY OF CREMATORY (State) REMOVAL (Specify) Mountain Plain Cemetery Burial Dec. Mechum River. Va. 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE arthur & Krous Ullrich Funeral Home 2112 Dundalk Ave. DATE

VS A15 (4) USM 9/55

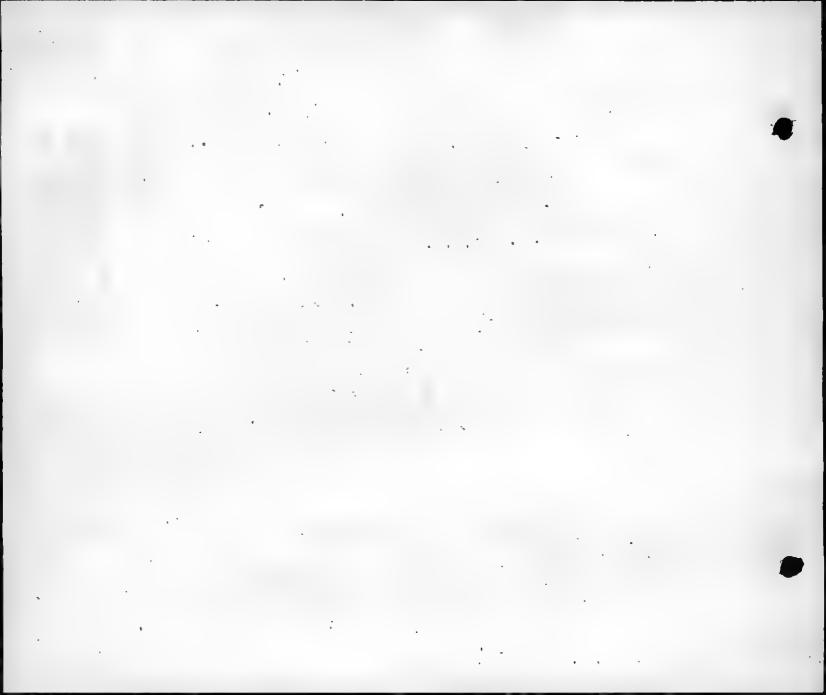


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13419 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** 

13398 Reg. Dist. No.

	a. COUNTY Baltimore	MARYLAND	a. STATE		If institution: Residence  COUNTY Rad	befare admission)			
		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carparate lim	nits, write RURAL and giv	Contorec			
H	d. NAME OF HOSPITAL (If not in haspital, give street a	ddress)	d. STREET ADDRESS	ville		e. tS RESIDENCE			
	OR INSTITUTION 9625 Mason +	Trea		Mason Ave		ON A FARM? YES NO DE			
3	NAME OF First	Middle	lost	4. DATE	Manth				
	(Type or print)	Lerou	Janas	OF DEATH	Dec.	29 19 59			
5.		ED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years   IF UNDER 1	YEAR IF UNDER 24 HRS.			
	male white WIDOWED	DIVORCED	Jan. 11 1	1 899 last	birthday) Manths D	ays Haurs Min			
10	a. USUAL OCCUPATION (Give kind of work dane 10b. K during most of working lifeweven if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI	late or fareign cauntry)	12 CITIZE	N OF WHAT COUNTRY?			
L	treight (onductor	P.R.R.	Baltimo	re. Mary	land	USA			
13	FATHER'S NAME		14. MOTHER'S MAIDE	N NAME					
L	Leischer Jones		Alice A.	Caltrid	er				
1S (Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St es, no, or unknown) (If yes, give wer or dates of service)		rs. Bertho	Canal	9625 Masor	Δ			
L			vs. Derine	r Jones,	7025 Masor				
	18 CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY.	far (a) (b), and (c).]	Bool	1, sinn		INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (a)	31 0/ /(21 - /	0 - 01	9 3101					
	Conditions if any which Fin Phys Sens d								
	Canditians, if any, which gave rise to immediate DUE TO	11/3	4 1		_				
	cause (a), stating the under-	ochiel	ASTH	me					
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TE	RMINAL D SEASE CONT	DITION GIVEN IN PART I	(a) 19 WAS AUTOPSY			
CERTIFICATION	Emphsemy &	Brome	hicl A	STHINK		PERFORMED? YES NO			
	206 ACCIDENT WAS UNDERLYING A 206. DESCRIPTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature at injury	in Part I ar Part II at a	tem 18.)				
MEDICAL		f.	ACE OF INJURY (Hame I		rn) (Cou	enty) (State)			
MED	Haur a.m. While at wark	Nat while at wark	ciary, sileer, affice bigg.,	910.)	_				
	21. I certify that I attended the decease	d from Sept	, 19 <u>50</u> , ta_	Dec 29	, 1959,that I last	saw the deceased			
	alive on 12/29 1950	and that death	accurred at 9	M, from the co	auses and an the d	late stated abave.			
	to the	X /	1/2	ADDRESS (Street, ci	ty ar lawn, state)	DATE SIGNED			
	SIGNATURE TARCE	fre	M.D. 11 -	$\supset I$	Vasi	21			
	PHYSICIAN'S H.D. Fran	Klin	134	1410	hore	2/110			
22	BURIAL, CREMATION, 226. DATE THEREOF 1/2/1960	Moreland M	27.4	0 /	none, Mary	land (Slote)			
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Ţ	EC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	ATURE			
	Leonard J. Ruck 5305 t	tarford Rd	DATE	DEC 31 '59	Cathan &	trans			



in any event within 72 haurs

the registrar priar to burial, cremation, ar remayal, and

death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13420

**CERTIFICATE OF DEATH** 

13397 Reg. Dist. No.

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/	

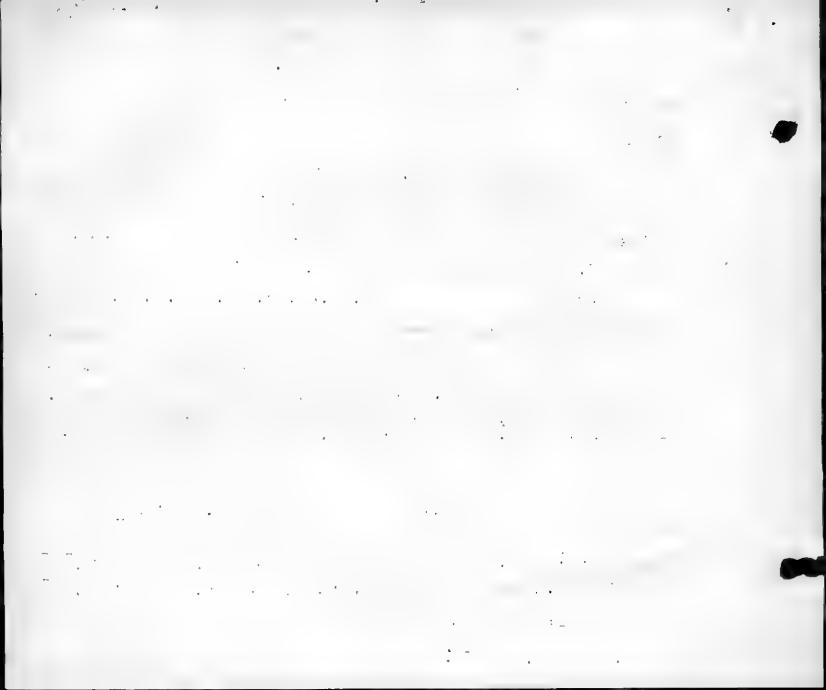
1, PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission

1	1	BALTI	MOR <b>E</b>		MAR	RYLAND	a. STATE	MARYLA	ND	b. COUNTY				Last
	I	E. CITY OR TOWN (I RURAL and give no FORT HOW)	f autside corporate limit arest tawn) LRD	s, write	15 HOUR		II .	r town (IF		rate limits, write RI	JRAL and	give ne	arest lawn	)
( )		OR INSTITUTION	AL (If not in hospital, gi		*		31	ADDRESS 4308 N	lainfie	ld Avenue	9			IDENCE FARM? NO [3]
		NAME OF DECEASED (Type or print)	Fin		Middi G	le	KEE	Last S	4. DATE OF DEATH	Mon DECE		19		Year 1959
	5. 9	Male	6. COLOR OR RACE	7. MAR			B. DATE OF BI		891	9. AGE (In years last birthdoy) 68 yrs.	IF UNDER	1 YEAR Days	IF UNDE Haurs	R 24 HRS Min.
1	10a	. USUAL OCCUPATION	ON (Give kind af wark a ling life, even if retired)	ane 10b					e ar foreign co	suntry)	12 CIT	U.S	·A.	OUNTRY?
	13.	FATHER'S NAME CHRISTIA	N J. KEES					TTY S	NAME CHMITT					
		WAS DECEASED EVE	R IN U.S. ARMED FORG I'll yes, give war or dates of se WW. I	CES? 16.	SOCIAL SECURITY N		nformant in.Rec.	Vet.A	dm.Hosp	.Balto.M		ъ. н	oward	l Div
		PART I. DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DITT	ine far (a), (b), and (c MONARY EDI							ON	erval be set and NKNO	DEATH
		Conditions, if a	mmediate (	HYF	PERTENSIVE	& AR	TERIOS	LEROT:		OTOVASCUL ISEASE	AR	U	NKNO	NN
	N	lying couse lost (c) CHRONIC PYELONEPHRITIS WITH UREMIA UNKNOWN												
2	CERTIFICATION	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITIONS OF THIS PART I(e) 19. WAS AUTOPSY PERFORMED?  YES A ACCIDENT WAS UNDERLYING OF THE PART I CONTRIBUTION OF THE PART I CONTRIBUTI												
	MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Yea	While	Nat while		ACE OF INJUR' clary, street, of	fice bldg , el	lc )			County)		(Stote)
		21. I certify th	at Matended the	decea:	sed from Decer	mber of death				19 _{, 19} 59,				
/		ACTUAL SIGNATURE PHYSICIAN'S	seph J.	Cil	llo		_		imore,	reet, city ar town,	lowar		12-1	.9 <b>-</b> 59
	220	BUR AL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO		22c NAME OF CE	METERY C	R CREMATORY		22d. LOCA1	Md. Ft I	or county)		LV . (Stok	e)
1	23	Burial FUNERAL DIRECTOR	12-22-5 S SIGNATURE	530	Moreland 5 Harford				Balti D BY REGIST		TRAR'S SI	GNATU		
د	L	eonard J.	Ruck, Inc.		ltimore. N			DATE	DEC 2 2 '	59 0	rthur,	8. tu	uid	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and **ATTENDING PHYSICIAN**: The law requires that the death certificate be executed within 24 hav TO HOSPITAL VS A15 (4) 15M 9/5B



13421

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

13398

1		reg. gran rev.
)	1. PLACE OF DEATH O. COUNTY Button MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     STATE     D. COUNTY     D. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF I	d STREET ADDRESS  2/2 Blakings Rd. SRESIDENCE ON A FARM? YES \( \) NO \( \)
	3. NAME OF DECEASED (Type or print) LCU15 First Middle	Last 4. DATE Month Day Year OF DEATH Let 30 1959
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER-MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  1 AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS Instituted of year)  1 AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS Instituted of year)  1 AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS Instituted of year)  1 AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS Instituted of year)
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired).	STRY 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes, give wor or dates of service)	Monie E. Kestles
	18. CAUSE OF DEATH [Enter only one cause pag line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  12. CD 7. CC  T	Monthage interval between onset and death
	Conditions, if any, which gove rise to immediate cause (a), stating the under DUE TO	Cardio Viscolar Mistare 12 yes
	lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Ù	CATIC	PERFORMED?  YES NO
	GR CONTRIBUTING CAUSE OF DEATH) (IF ETTHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, farm, ctary, street, office bidg., etc.) 20f. (City or town) (County) (State)
	ACTUAL En 1/13 to lace - 1001	n accurred at 11.73 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M D 3432 Frederick Ouis Baltingur 29 M 1831/13
	PHYSICIAN'S EL'	M.D. C. F. F. C. COLLEGE (MAS. 19MINOVILLE)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
.5	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JAN 4 '60 Orthur 2, Kraus
	the field of both to the territory of th	

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL C

death. Page 4

VS A15 (4) 15M 9/5B



4	P,	£	W	ļ
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	The following the naspiral of orientating physician.  TO FUNERAL DESCRIPTION After this certificate has been signed by the attending physician and campletely filled in by a funeral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	J	-
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H	may be retain y the naspital or ottending physicion.  O FUNERAL DWACTOR: After this certificate has been significant.	3 54	the registror prior to burial, cremotian, or removal, and in any event within 72 hours after death	
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VS A15 (4) 15M 9/55

MADVI	AND ST.	ATE DEDAG	DTAACNIT A	OC MEALTH.	-BALTIMORE, 18
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		1 1 4 / 1 1	11.500	1/=/(-)1	H 1.

13422 CERTIFICATE OF DEATH

13399

	Keg. Dist. 140.				
1. PLACE OF DEATH 0. COUNTY OF Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b COUNTY Howard Balto.				
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Catonsville	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
5 Jones Ave.	5 Jones Ave.				
3 NAME OF DECEASED (Type or print) ALICE First Middle KING	4. DATE Month Day Year OF DEATH DEC. 19, 1959				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS    May 2.1879  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS    Months Days Hours Min.				
Female Col. WIDOWED TO DIVORCED	May 2,1879   80   Months Days Hours Min.				
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  COOKSVILLE Md.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Dennis Sands	Annie ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address					
No	dolatta Johnson 5 Jones Ave.				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Broncho-pneumonia  IO day:					
DUE TO	Day				
Conditions, if any, which gave rise to immediate out to the under out to t					
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO				
	D. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. p. m. 19 While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)				
21. I certify that I attended the deceased from I-22-	, 19.58, to Dec. I9th., 19.59, that I last saw the deceased				
alive on I2-I9th 1959, and that death	occurred a 3#15_AM, from the causes and on the date stated above.				
- / M D Mux	ADDRESS (Street, city or town, state) DATE SIGNED				
SIGNATURE TI YIAIMUM HIP	M.D. 57 Winters Lane, Balto, 28*T2-T9-59				
PHYSICIAN'S C.F. Maloney, M.D.					
22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF					
Burial Dec.22,1959 West Liber	ty Cem. West Liberty Md.				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 32	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
Mrs. Natic A. Williams Schward	ter St DATE DEC 22'59 Orthur S. Kraus				



24a, REC'D BY REGISTRAR

DATED FO 3 1

24b. REGISTRAR'S SIGNATURE

VS. A15ME(5)



c.I. (0 <u>[</u>0 . ) ' ! ' . ·. 1 1,55 

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

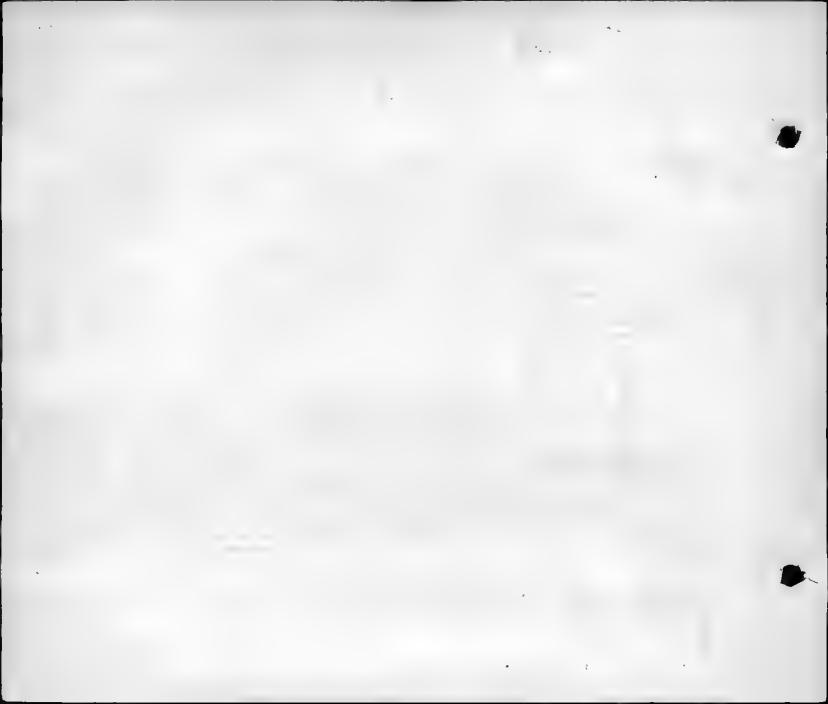
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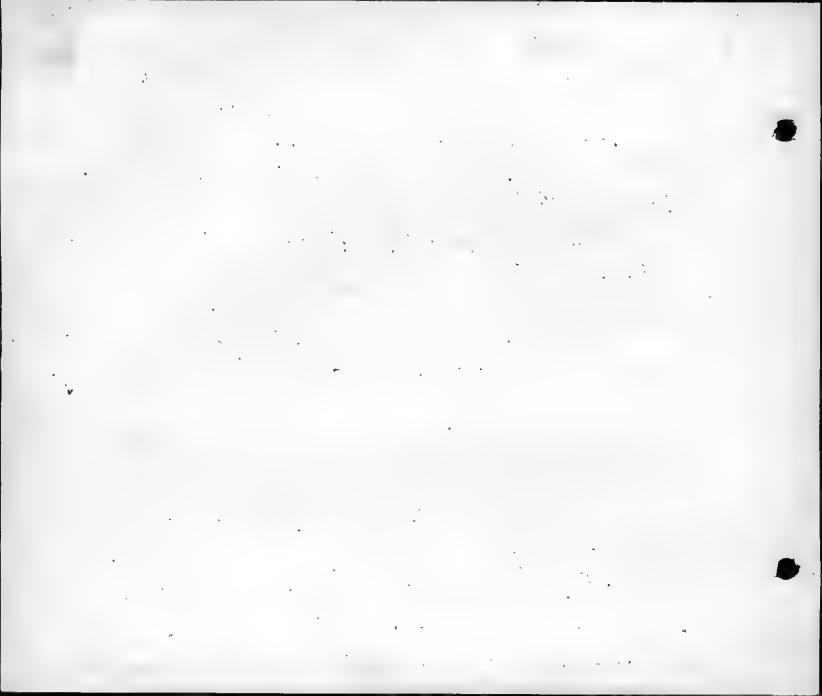
## **CERTIFICATE OF DEATH**

Reg. Dist. No. 13402

1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARY		If institutions Residence b. COUNTY	e before admission)
b. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town)  COCKEYSUILLE	nits, write RURAL and g	ive nearest lawn)			
d. NAME OF HOSPITAL (If not in haspitol, give street of OR INSTITUTION  A SC VIC HO		d STREET ADDRESS	EAST 3		15 RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) MARY	Middle E	KRAFT	4. DATE OF DEATH	Month DEC.	0oy Yeor 2 2 19.59.
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	ED NEVER MARRIED DE DIVORCED	3-16-18 7	7. AG	1. 1. Al. 2	YEAR IF UNDER 24 HRS Days Hours Min.
10a USUAL OCCUPATION (Give land of work dane) 10b. It during most of working life, even if relired)  HOUSEWIFE	KIND OF BUSINESS OR INDUS		or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	_		
LOUIS VOGTA		MARY		EUSI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. S.   1764, no. or unknown)	NONE	Trank,	C. Smi	Address -	Cochegoville
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]	7-1 =	0.	, ,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o)	Mario -/-	Klevtei	and	co.	
DUE TO	1/00-0	. )1			10 111211
Conditions, if any, which gove rise to immediate DUE TO	V accur				70 1920
lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206 ACCIDENT WAS UNDERLYING   206. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RISE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of i	item 18 )	
20c. TIME OF INJURY Manth, Doy, Year 20d. IN White of work	Not while foo	ACE OF INJURY (Home, farn story, street, office bldg., etc	n, 20f (City or tav	vn) (C	ounty) (State)
21. I certify that I attended the decease	d from //- 15	19.47 ta /	2-2!	19.57 that I k	ost saw the deceased
	2, and that death	accurred at 3:15	A.M. fram the	causes and an th	e date stated abave.
haut-	Flees	01	ADDRESS (Street, c	ity or lown, stole)	DATE SIGNED
HETVATURE / POLITICA ,		M.D. Cocheys	ully)	719	722/59
PHYSICIAN'S Walter T. Ke	e <b>s</b>	Cocke	ysville,	Md	
220. BURIAL, CREMATION, 22b. DATE THEREOF BUREMOVAL (Specify) 12-24-59	22c. NAME OF CEMETERY OF		-	City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	lst Evangeli	emotory		1 MOT e 24b. REGISTRAR'S SIG	NATURE
Wm. Cook: Inc., 1217 St.P.	***************************************		D BY REGISTRAR	arthur S. H	

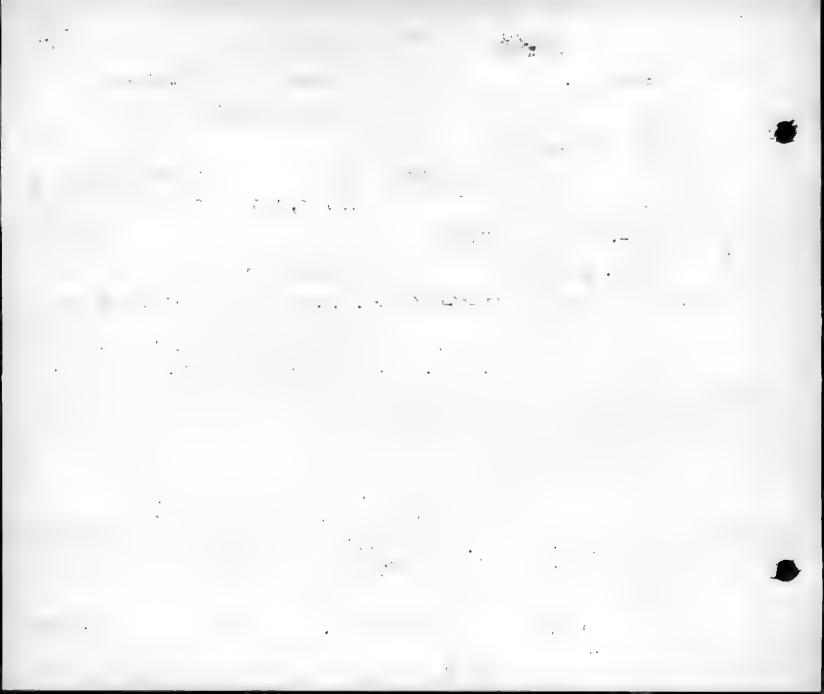
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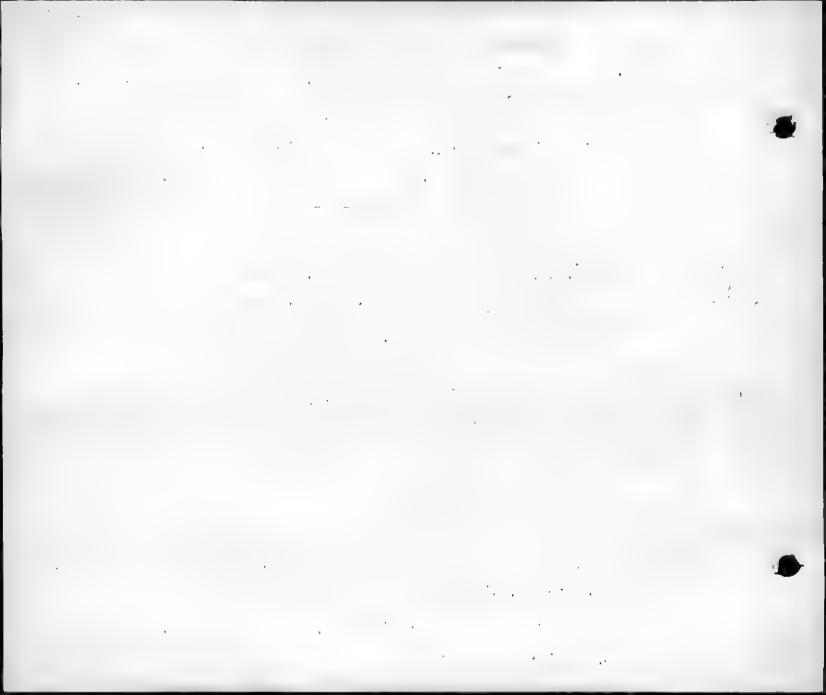
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





death certificate

VS A15 (4)



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	3/12/	CERTIFICA	AIE OF DEATE	1	Reg. Dist. No.
1. PLACE OF DEATH					tution Residence befare admission)
o. COUNTY Ball	timore	MARYLAND	o. STATE	b. COUN	₹TY
b CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16			te RURAL and give nearest tawn)
RURAL and give n		15 days		2	11-1
	Howard  TAL (If not in haspital, give stree		d. STREET ADDRESS	ore -	e IS RESIDENCE
OR INSTITUTION	(ir the till the price) give the			1.5 601	ON A FARM?
	Administratio		1 133 Pa	rkins St	YES NO 5
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Wonth Day Year
(Type or print)	HARRY	_	LEE	DEATH Decemb	er. 30 19 59
S SEX	6. COLOR OR RACE 7 MAI	RRIED   NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yellost birthda	
Male	colored WIDOV	VED DIVORCED	February 28.		
10o. USJAL OCCUPATI	ON (Give kind of work done 10th	. KIND OF BUSINESS OR INDU			12.CITIZEN OF WHAT COUNTRY
	king life, even if retired)		D-244	M	770 4
Cement Fir	ilsner		14. MOTHER'S MAIDEN N	Maryland	USA
Charles I			Ida Smath		
(Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or doles of service)	. SOCIAL SECURITY NO.	INFORMANT	*	Address Fort Howard Di
ves	WW T	Unknown	Clin Rec Vet A	dm. Hospital	Balto 18 Md
	ATH [Enter only one couse per				INTERVAL BETWEEN
	ATH WAS CAUSED BY.		amina rimmii amin	NOAR TOTATE ACTION A	ONSET AND DEATH
154X	DUE TO	ARCINOMA OF REX	GI US WI LOT GRAVE	CREATATZ PAU WPALE	STASES UNKNOWN
Conditions, if a	ony, which } (b) 1	DEMA OF THE LU	NGS		
gove rise to i	immediate Court			•	
lying couse lost,					
Z PART II OT		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART I(a) 19. WAS AUTOPSY
E CODY		1 2 7	4 7 01	2.3	PERFORMED? YES ☑ NO ☐
E 20 ACCIDENT W	Active fibro-ca AS UNDERLYING   206. DE	CEOUS TUDETCUL			
OR CONTRIBUTING	G CAUSE OF DEATH	Jense Holf Block Occord	ED, (ellier holdre of hilper) in t	, 517 7 517 17 517 17 17 17 17 17 17 17 17	
			LACE OF INJURY (Home, form		(County) (State
Hour o m.	T9 Whil	e Not while to	octory, street, office bldg., etc.	-1	
					9xthatxblastcaexthacdasease
SECRECATE	eseseseseses	XXXXXXX and that death			and an the date stated above
	11 11 /2	a. A. A		ADDRESS (Street, city or to	wn, state) DATE SIGNE
ACTUAL SIGNATURE	thin a Lot	un fort	M.D. VAH Balt	n 18 Md Ft	Howard Div
DIAMETER AND		V	* A44 25 * CO. V	. 20, 11 20	
PHYSICIAN'S NAME (Type)	JOHN W. CRAWFOR	D. M.D.	VAH_Balt	0 18 Md Rt.	Howard Div
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY C		22d LOCATION (City, tow	
REMOVAL (Specify	Jan 4,1960				
Burial 23. FUNERAL DIRECTOR		Baltimore I		Balto Ma	my land Edistrar's Signature
AS. FUNERAL DIRECTOR	3 SIGNATURE	AUUKE33			Clithing S. Kraus
Arlingtor	S Philling 18	08 MMonroe St I	Raito Ma DATE J	AN 5 '60	COUNT A. / WANT

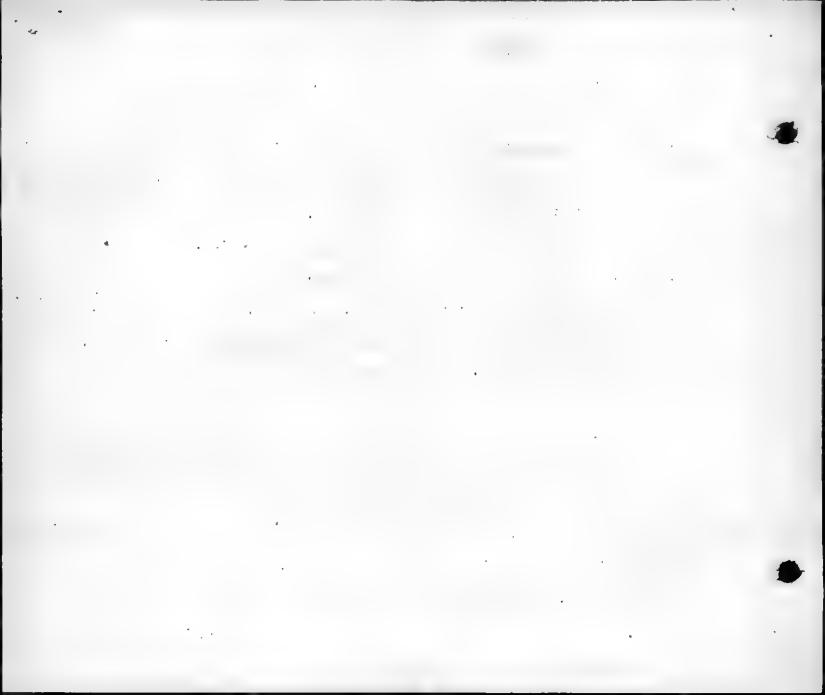
may be retailed the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban popers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotion, or removal, and in any event within 72 haurs after death. YS A15 (4) 1SM 9/S8

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

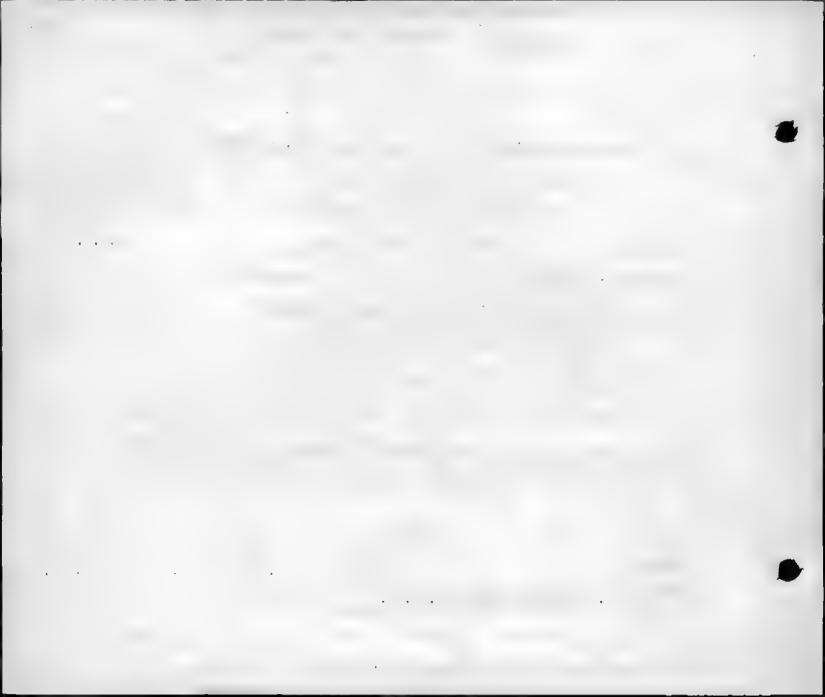
r death. Page 4



**CERTIFICATE OF DEATH** with I director, filed with deoth: Poge PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY a. STATE b. COUNTY MARYLAND Baltimore Baltimore Marvland funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Parkton. Parkton life d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION York Rd. - Hereford YES NO X Hereford Ξ. NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) Charles DEATH 12/19/59 Leight Emory 19 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Days Min. /1883 DIVORCED I WIDOWED [ Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? self employed Carpenter U.S.A. Maryland corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Charles H. Leight hours Sarah Taylor remove 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address ottending 72 21.4-20-9 Elwood Leight above please wilhin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary occlusion 4201 **DUE TO** à permit. Conditions, if any, which ! (b) peubis gave rise to immediate **DUE TO** cause (a), stating the underpuo lying cause last. **burial-transit** (c). CERTIFICATION PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. ft. foctory, street, office bldg., etc.) While Not while at work of work p. m. 21. I certify that I attended the deceased from.____12/1/59___, 19____, ta ____, 19____,that I last saw the deceased detached and that death occurred at 9:45 AM, from the causes and an the date stated above. CTOR ADDRESS (Street, city or town, state) 0 DATE SIGNED ACTUAL SIGNATURE prior å M.D. York Rd. Parkton, P.O. Hereford Should the registror PHYSICIAN'S NAME (Type) Herbert Mueller. ന 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) 96 (State) REMOVAL (Specify) Parkton, Maryland Rurial Hereford Bantist 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE DEC 2 8 '59 arily S. Thousa VS A15 (4) 15M 9/55 Brooks Funeral Service. Towson

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



the registror prior to burial, cremation, ar removal, and in ony event within 72 hours after death.

VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

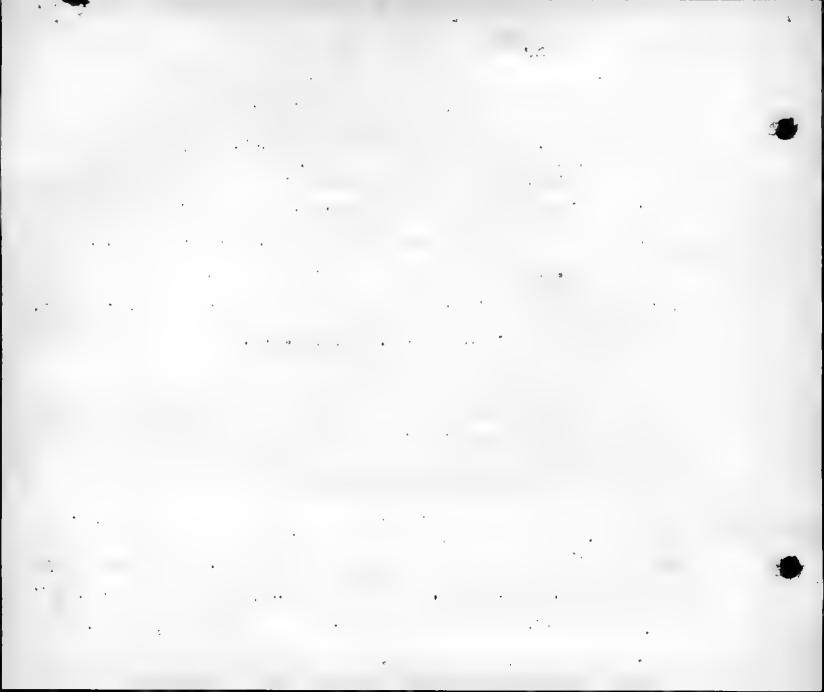
13432

## **CERTIFICATE OF DEATH**

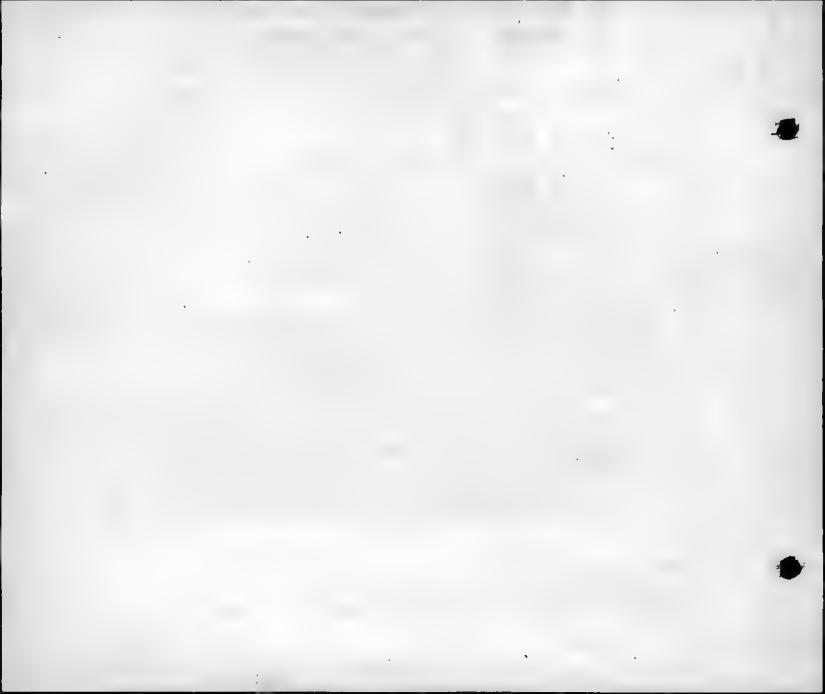
Reg. Dist. No.

13409

- 1-								
	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admission)				
	Baltimore	MARYLAND	Maryland					
Γ	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate lim	its, write RURAL and give nearest town)				
	Fort Howard	96 days	Baltimore	*				
, [	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?				
1	Veterans Administration	n Hospital	Rt #1 Box 10 Severn					
	3. NAME OF DECEASED (Type or print) Servedas: ALEX	Middle	LIVINGSTON OF DEATH	Month Day Year ecember 29 1959				
ŀ	5. SEX 6. COLOR OR RACE 7. MAI	RRIED THEVER MARRIED THE	B. DATE OF BIRTH 9. AGE	E (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.				
	Male white widow	VED DIVORCED	November 20, 1893	66 yrs Manths Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
L	Engineer E	&O Railroad	Harford Co. Maryla	nd U.S.A				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	John G Livingston		Katherine Bradley					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [(If yes, give wor or dates of service)]	S. SOCIAL SECURITY NO.	NFORMANT	Address				
L	Yes WW I	705-10-1913 C1:	in.Rec.Vet Adm Hosp Ba	lto Md Ft Howard Div.				
	1B. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CEREBRAL HEMORRHAGE RIGHT HEMISPHERE 3 months							
	23/X DUE TO							
-	Canditians, if any, which (b)							
1	gave rise to immediate couse (a), stating the under-							
1	lying cause lost, (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	Status post resection	of carcinoma o	f the colon	YES 🙀 NO 🗌				
	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Port II of i	tem 1B )				
			ACE OF INJURY (Home, farm, 20f. (City or tow	rn) (County) (Stote)				
	Hour o. m. 19 While of we	e Not white	ctary, street, affice bldg , etc )					
	21. I certify that kattended the deced		21.19 EO ta Docombos 20	10 C'Othat delectronisthe descript				
				auses and an the date stated above.				
-	**************************************	DESCREONING IIIGI GEGIII	ADDRESS (Street, ci	by ar lawn, state)  DATE SIGNED				
1	ACTUAL Zohn W. /r	autor4	M.D. VAH BALTO 18 MD FT					
	SIGNATURE		M.D. VAG DALLY BOSENET	- HUMARIU-ULV				
	PHYSICIAN'S JOHN W. CRAWFO	RD, M.D.	-VAH-BALTO-18MD-F	THE HOLLARD DET 12/50/59				
ŀ	220 BURIAL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY O		City, town, or county) (State)				
	REMOVAL (Specify) 12/31/195	9 Glen Haven		urnie. Maryland				
İ	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE				
	Leonard J Ruck 5305 Harf	ord Rd Balto Mo	DATEDEC 3 1 '59	- Bur S. Kraus				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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OF HEALTH-BALTIMORE, 18

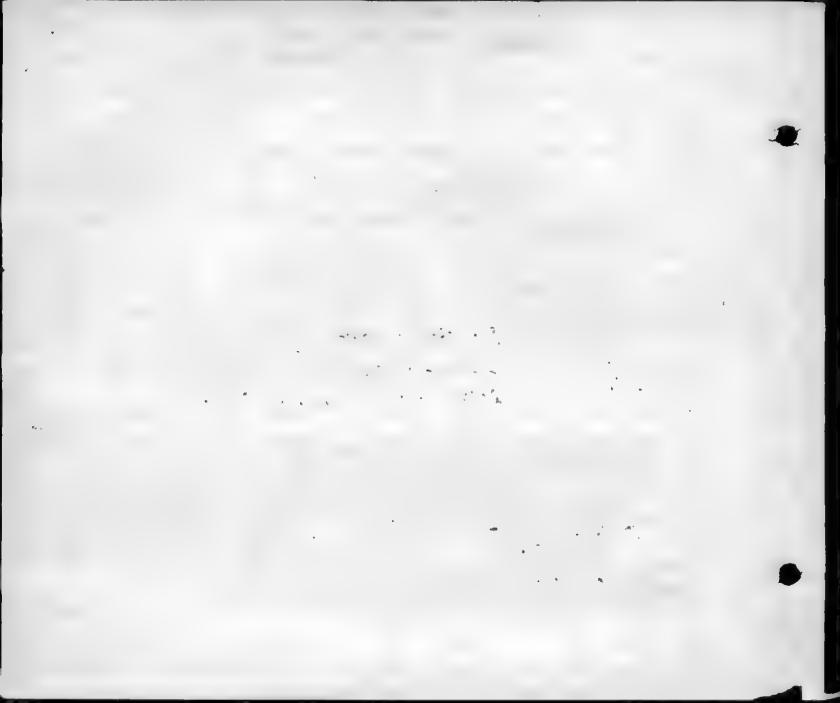


MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8

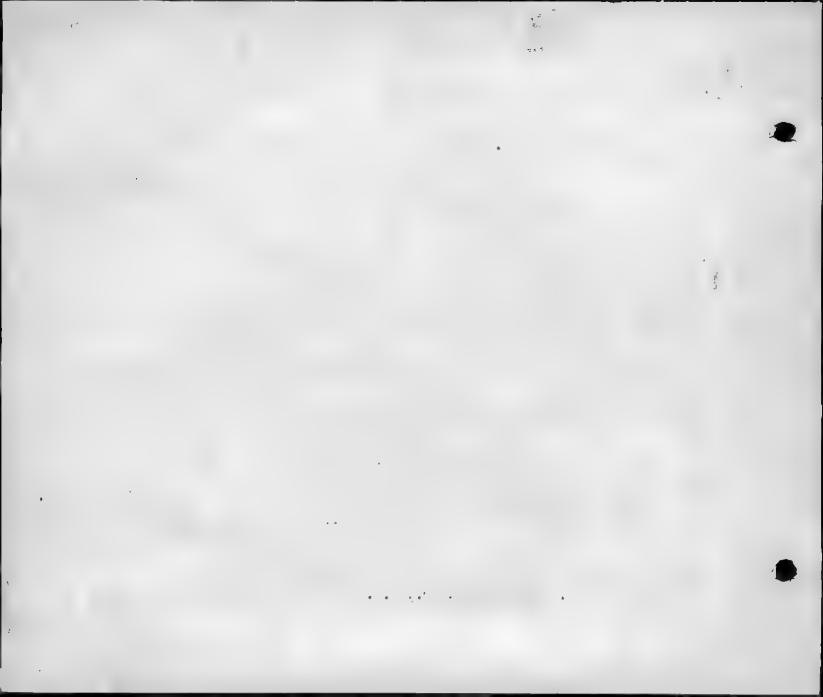
13434 CERTIFICATE OF DEATH

Reg. Dist. No. 13412

Г	. PLACE OF DEATH					2.	USUAL RESID	BNCE (Wh	ere deceased	lived. If inst		idence befo	ore admiss	ion)
ı	o. COUNTY	ltimore			MARYLAND	•    - '	o. STATE	lary1	and	b. COUP	4TY	Anne	Arun	del V
ľ	b. CITY OR TOWN (If RURAL and give nea	outside corporate limi	ts, write	c. LENGTH	OF STAY IN 16		c. CITY OR TO	OWN (If o		ote limits, wri	te RURAL o	nd give no	arest fow	1)
П	Catons			3lyrl	Omth6dy	S		Lint	hicum,	Maryl	and	5.	2 K	4.
ı	d. NAME OF HOSPITA		ive street				d. STREET AC						. IS RES	FARM?
	PRI G GR.	L STA E	Hr 31	TAL			Lin'	thicu	m Heig	ghts, k	d.			NO 📑
ı	3. NAME OF	Fir	11		Middle		Lost		4. DATE OF		Month	D	ay	Year
4	(Type or print)	Elet	t.a			Mar	rtinol	e E	OF DEATH	Decem				19 59
ł	s. SEX			IEU [A] NEAE	R MARRIED		ATE OF BIRTH					DER 1 YEA		
1	2 mala	white	WIDOWI	<del></del>	DIVORCED [1]		July 30		88	9. AGE (In ye lost birthdo	Yl Monti	hs Days	Hours	Min.
	female				-							CITIZEN	DE WHAT	COUNTRY?
ı	00 USUAL OCCUPATION during most of working	ng life, even if retired	100.	KIND OF DU.	)  4E33 OK   4E	/USIK!	11. 01.11110	Ital	TF	,,,,,		Italy		1/
H	house	MITG					MOTHER'S		v					
1	Antonia	3 442				11				1 .				
ŀ								Livia	Vince					
Y		IN U. S. ARMED FOR I yes, give wor or dates of s	GLAIK&}	SOCIAL SECU	RITY NO 117	INFO		1000			Address	*** .		
Į	unk nown		] [	nknown		Kec	crus:	SPRI	. G G	RCVE S	PALE	HC	HIM	
1		H [Enter only one co	use per li	ne for (a), (b),	*/ *							INI	ERVAL BE	TWEEN
-	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE-CAUSE (c		RONC	HO IN EN	GHO	NA							
	450.0	DUE TO			1									
	Conditions, if on	y, which } (b	. 6	WENTE	RAL .	DE	RIGIT							
	gove rise to im	mediate		<del></del>					_					
	couse (a), Stotling fi lying couse lost.	ne under	, 4	HRIER	KSYLE	21.71	c VAS	CALA	K DI	SEASE	3			
ı	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	ONTRIBUTIN	G TO DEATH B	UT NOT	RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN	PART 1(a)	19. WAS	AUTOPSY
	ATA		_									, ,		RMED?
1	PART II. OTHI	LINDERLYING [7]	20b. DES	CRIBE HOW I	NJURY OCCUR	RFD (E	nter nature of	injury in f	Port I or Port	II of item 18	1			
1	20g. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH						,						
1			or 204 II	NJURY OCCU	20-	PLACE	OF INJURY (H	ome form	1 20F (City	or lawe)	<del></del>	(County	,	(State)
-1	20c. TIME OF INJURY	19	While	Nat wh	ile	factory,	street, office	bldg , etc.	)   	Or IOWIII		(Coomy	,	famici
1	¥ p.m	IÀ	of wor	k ot work			_+-		-	٠	1 -			
-1	21. I certify the	of I attended the	deceas	ed_from	Nov.	29	_, 19_59	, tok	/60, ~	-5 12:	59. that	t Llast s	ow the	deceased
-	olive an DE	C. 23	, 12.5	, or	nd that dea	th ac	curred ot.	5:45%	L'M, fron	the couse	s and o	n the do	ate state	ed abave.
-		Q LI	14	,			N			reet, city or to				ATE SIGNED
-	ACTUAL SIGNATURE	1.17	ys_			_ M D	SPR	LNG	GRUV _	STail	Hos	ATLIC	_	
-	MINGIGIANUG	DLI	/	1.5			<i>a</i>		77 60	3) 97				
	PHYSICIAN'S NAME (Type)	1. 1. 1	16	MIL	1		Cat	onsvi	.11e 20	3k Mary	'iand			
Ī	220 BURIAL, CREMATION	4, 226. DATE THEREC	)F	22c. NAME	OF CEMETERY	OR CR	EMATORY		22d. LOCAT	IJON (City, to	VN, Of COUN	ty) c	(Stot	e) /
	REMOVAL (Specify)	26 Dec.	1959	6/10	THOIS				6/	on 10	3417	10)	M	do
	23. FUNERAL DIRECTOR'S	SIGNATURE		7 ADDRE	SS		, 1	24a. REC'	D BY REGIST	RAR 24b. R	EGISTRAR'S		JRE	
	sobert P.	Citris -	H	In B	Mario	·	nd	DATE D	EC 2 8 1	59	arthur	8. K	aud	



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmiss on or your files. e. COUNTY Health, **b.** COUNTY BALTIMORE Baltimore MARYLAND b. CITY OR TOWN (if oulside corporate limits, C. LENGTH OF STAY IN IN c. CITY OR TOWN (If outs de corporete limits, write RURAL end give nearest town) write RURAL and give pearest town! OVERLEA Board Pol d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE rould be executed within 24 hours after death. If any definition is pencil in flem 18, Give Pages 1, 2, and 3 to the funeral. Office along with form PM3, Page 5 may be retained fo burial-transit permit. File pages 1 and 2 with the State Bo moval, and In any event within 72 hours after death. ON A FARM? Greenwood Rd. 7128 YES NO 7 Greenwood Rd 3. NAME OF First Middle 4. DATE Month DECEASED OF CHRISTOPHER (Type or print) AUGUST DEATH MASER 1959 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthdey) Hours & Min. Male White WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) COMPANY KOPPERS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ONKNOWN ASER WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown) (If yes give wer or detex of service) 7125 GREGOOD 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: removal, and Asphyxia IMMEDIATE CAUSE (e) **DUE TO** Suffocation by plastic bag over head Conditions, if any, which (6) "pending" geve rise to immediate cause rc. Medical Examiner's DUE TO (e), stelling the underlying used as ៦ cause lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19, WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be r its designated agent, prior to burial, cremating the statement of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies o ed bluods 170 NO [ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Surfocated by plastic hag over head Month, Dev. Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) fectory, street, office bldg., etc.) Baltimore Md. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my opinion Suicide X death resulted from: Accident Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTA EXAMINER'S W. Bradley King, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 22e, BUR, AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) GARDEDS OF E40 9 FULLERTOU 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & traces 5M 7/59



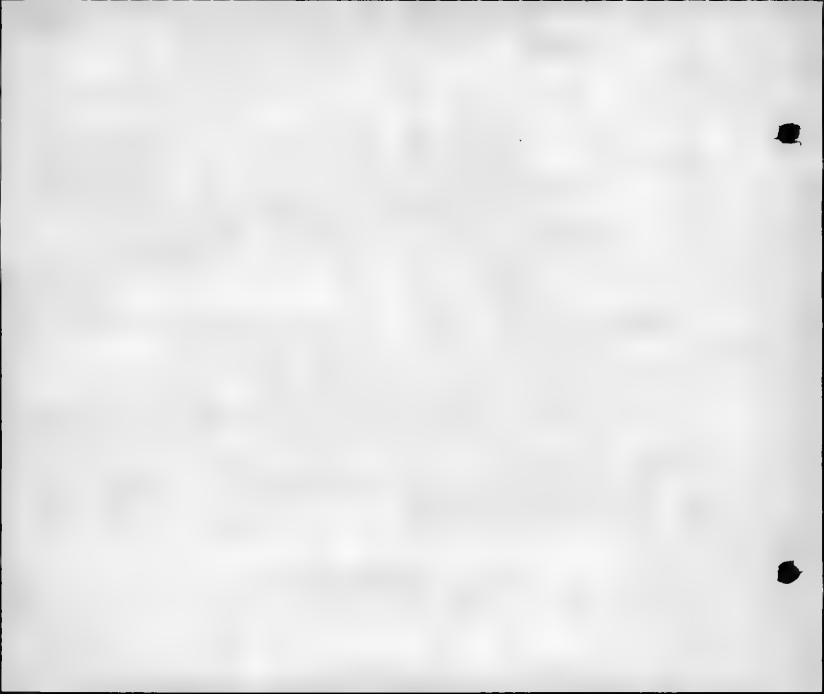
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ATONSVI d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION M. STREET ADDRESS e IS RESIDENCE ON A FARM? YES TO NO IZ NAME OF Month DECEASED (Type or print) DEATH 19. 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7 MARRIED ☐ NEVER MARRIED ☐ B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED I DIVORCED | Sept 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) QUISE WIFE 13. FATHER'S NAME ğ 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 17 INFORMANT SOCIAL SECURITY NO. 28 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). ONSET AND DEATH DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE JERMINAL DISEASE CONDITION GIVEN IM PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part It of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City of town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that I attended the deceased from C.__, 19.59,that I last saw the deceased alive an_ and they death accurred at 10 M from the causes and an the date stated above. ADDRESS (Street, cityror town, state ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BUBIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) MELMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur & House DATE DEC 3 0 '59 15M 10/57





within 24 hours

DEPUTY



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y delay "seessary, please exe-	should		OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar ta burial, cremati	
ary, p	4 ego	<b>,</b>	orial, c	
SC 655	<u>م</u> ت		to b	
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in 24	e Poc	Page	ie p	
OICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any del	ate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral din	niner's Office mlang with farm M.3. Pagm 5 may bin relained fail your	nit.	
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
g, g, &	343 DICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	13417
should be cremation cremation	1. PLACE OF DEATH a. COUNTY The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	admission)
Page 4 burial,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near- and give nearest town)  c. LENGTH OF STAY IN 1b	est town)
d data	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. SIREET ADDRESS  e.	IS RESIDENCE
Fig. X		ON A FARM?
nny oe vnerol yo≡r egistra	3. NAME OF First Middle Lost 4. DATE Month Day OF DEATHDEC. 7	19 ⁵⁹
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T, 2, or 1, 2, or 1, 2, or 1, 2, or 1, or	13. FATHER'S NAME 1 11. MOTHER'S MAIDEN NAME	/1/
000 E	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT	Da 1
io a	(re, no. or yelinden) (if yes, give wor or dotes of service) (Alexant L. Mayo, Fampstiad)	Md.R.
Ta EM:	PART 1. DEATH WAS CAUSED BY: Compound fracture of the skull	RETWEEN NO DEATH NSTAN
	819 X DUE TO	
pencil in Iter pencil in Iter buightonsi	Conditions, if any, which governed to the course (o), stoting the underlying couse lost.  (b)  DUE TO	
nding" in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YES	ERFORMED?
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the ward ical Exom	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Park of Injury) (County)  Hour o. m. Dec. 8 1959 of work of work the park of work th	(State)
ifing the Media	21. 1 certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, a	<u> </u>
C S S S S S S S S S S S S S S S S S S S	death resulted fram: Natural causes	
ote, to the Chi	SIGNATURE M.D. CHIEF MEDICAL EXAMINER	ATE SIGNED
removal.	EXAMINER'S NAME (1990) A. M. France DEPUTY MEDICAL EXAMINER \$\frac{1}{2}\$	8/59
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'S. ATSME(S)	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. RCC'D BY REGISTRAR 240. REGISTRAR SIGNATURE  LACOUT HOLLING RULL - FUL VOLUM ADATE 14 '59  ADDRESS	15.12.
SM 9/SS	The work of the state of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the p	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH" o. COUNTY o. STATE b. COUNTY MARYLAND buriel, b. CITY OR TOWN (If outside corporate firmits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) mIn 0 d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES IN NO AT NAME OF Middle DATE Month Day Year DECEASED 10 59 (Type or print) Rosemary A. Mays DEATH Dec. Ę, 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Its years JE UNDER TYPAR JE UNDER 24 HRS. Months WIDOWED [ DIVORCED [ YCS. 11. BIRTHPLACE (Stole or foreign country) 10a USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? CI during-most of working life, even if retired) g 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME poges Pages Poge IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give PM3. INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Fracture of the skull Instant IMMEDIATE CAUSE (O) **DUE TO** Conditions, if ony, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPS ő PERFORMED? YES 🖂 NOSE 200. EXTERNAL CAUSE WAS PRIMARY-D or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 18.1 3 should Automobile struck a bridge abutment 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While 10.30p.m.Dec 19 50 of work art work Becklevsville.Balto..Md. Highway 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that **INECTOR:** death resulted from: Natural couses , Accident ..., Suicide . Homicide . Undetermined couse 5 **DATE SIGNED** ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER forwarded 7 ASSISTANT MEDICAL EXAMINER **EXPLANATE** A.M. France Dec. 8.1959 DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR, CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAIR 24b. REGISTRAR'S SIGNATURE Vs. A15ME(S) DEC 1 4 '59 anthur S. Firece SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



(State)



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

<u> </u>	CERTIFICATE	OF	_
3442	CERTIFICATE	UF	Ľ

13419

		13442		CERTI	FIC/	ATE OF DEATH			Reg. Dist	1041 No.	y
	PLACE OF DEATH a. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (Who a. STATE Wally)		, If institutions b. COUNTY	Residence		
Г	b. CITY OR TOWN	(If outside carporate limit	ils, write	c LENGTH OF STAY I	N 16	c CITY OR TOWN (If au	Iside carparote li	nits, write RUR	AL and gi	re nearest tawn)	
	Catons	ville		6yrlmth23c	tys	Washing	ton D. C	•			
	OR INSTITUTION	PITAL (If nat in hospital, g	give street	address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?	
L	SPRING	GROVE STAT		SPITAL		1006 S. Ca	roline -	S. E.		YES NO	
	NAME OF DECEASED (Type or print)	George	rst	Middle Sipe		McKnight	4. DATE OF DEATH	Manth Dece	ember	21 195	9
5.	SEX	6. COLOR OR RACE	7- MARE	IED 📆 NEVER MARRIE	• 🗆 l	8. DATE OF BIRTH	9. AC	E (In years II		YEAR IF UNDER 24 H	
	male	white	WIDOW	DIVORCED	0	March 5, 190	5 "	E (In years III brihday) A	Months C	Pays Hours Min	
100	during most of w	TION (Give kind of work arking life, even if retired packer	done 10b.	KIND OF BUSINESS OF	NDU	STRY 11. BIRTHPLACE (Stote of Pennsyl				S. A.	TRY
13.	FATHER'S NAME	Packer				14 MOTHER'S MAIDEN N					
L	George	McKnight				Mary ?	Sike				
15 (Ye	WAS DECEASED E	VER IN U. S. ARMED FOR	arvice!		17, E	NFORMANT		Address			
u	nknown M		57	8-30-7664	Ro	cords: SPRIN	G GROVE	STATE	s HO	SPITAL	
		EATH [Enter only one co								INTERVAL BETWEEN	4
П	PART I D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	eneralized	car	cinomatosis					
	1 5	Adenocarcinoma of the sigmoid.									
П	Conditions, if			idello car car	Oldi Cr.	01 010 0-6					
L	gove rise to couse (a), statin	g the under-	)								
_	lying cause los		)			LIGHT DELATED OF THE TOTAL IN				120 4445 4445	
CERTIFICATION	РАЯТ П. С	THEK SIGNIFICANT CON	INDINS_	ONTRIBUTING TO DEA	IH 801	NOT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN	N IN PAKI	PERFORMED?	
	20a. ACCIDENT N OR CONTRIBUTION (IF EITHER, NOTIC	WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CURRE	D (Enter nature of injury in P	art I ar Part II af	item 18 j			
MEDICAL	20c. TIME OF INJ Hour a. m	1, 10	While	Not while		ACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.)		wn)	(Ca	unty) (Sta	rte)
W	actual SIGNATURE	that I attended the Doc. 21	195 Wa	ed from Sept 9 , and that		occurred at 10:556	ADDRESS (Street, o	causes and ity or lown, store HOS.	d an the	DATE SIG	ave
200	PHYSICIAN'S NAME (Type)			er, Mi. D.		Catonsvill		~=			
12	3 REMOVAL (Speci	12-23-		FORT SU	TERY O	en Cernitery	Blade	nsbur	78.4	aylong	/
	FUNERAL DIRECTO	OR'S SIGNATURE	0 1	0//		20 0 C	EC 2 4 '59	24b. REGISTI			
1.1	Land Him I	Latt King	11	10 - Julias	Bear	ortan 63 @ DATE U	LU A T UU	Car	Thur g	77.	

may be retained by the haspital or attending physician.

TO FUNERAL EXACTOR: After this certificate has been signed by the attending physician and campletely filled in best funeral director. page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours

ofter death. Page 4

TO HOSPITAL VS A15 (4) 15M 9/55



1) 2

## CERTIFICATE OF DEATH . . .

70339	Reg. Dist	, No.					
1. PLACE OF DEATH  o. COUNTY  2	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence	before admission)					
TOALTIMORE MARYLAND	* STATE MARYLAND 6. COUNTY	~					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)					
COCKEYSUILLE JYEARSHYMO.	BALTIMORE 3V	(71 4					
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS	IS RESIDENCE     ON A FARM?					
MASONIC HOME	105 UPNOR RD	YES NO T					
3. NAME OF DECEASED (Type or print)  TRENE E Middle	LOSI 4. DATE Month OF C	Doy Yeor 25 1959					
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED		YEAR IF UNDER 24 HRS Days Hours Min.					
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF INDUSTRIES OF I	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZ  MARYLAND	EN OF WHAT COUNTR					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u> </u>					
THOMAS GIFFORD	IRENE STEVE	NS					
	Frank L. Smith ? Cerkey	with the					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	Deforting Carolin	ONSET AND DEATH					
IMMEDIATE CAUSE (o) COLLEGE OF THE CAUSE (o) C	a citação — o de co						
1/- 1/- 4/12010							
Conditions, if any, which (b) (Decetical gave rise to immediate)	~ 10 122000	1					
cause (a), stating the <u>under</u> lying cause last.  (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	D. (Enter nature of injury in Port I or Part II of item 18.)						
	ACE OF INJURY (Home, form, 20f. (City or town) (Co	(6)					
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 19 of work of work of work	control traine, total, 1201. (City of fown)	ounty) (State)					
21. I certify that I attended the deceased from 4-27	11054 1 17 - 73 1050 111						
	:: 1954, 10 12 - 23 , 1959, that I to	ist saw the decease					
olive on 12723, 1937, and that death	accurred at 6:40 AM, from the causes and on the	date stated abov					
SIGNATURE Markey: Lees	ADDRESS (Street, city or town, state)	12/25/-S					
PHYSICIAN'S NAME (Type)							
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d LOCATION (City, town, or county)	(State)					
BURIAL 12-28-59 Woodlawn Co							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGN						
William Cook, Inc., 1217 St. Paul Stre		trues					

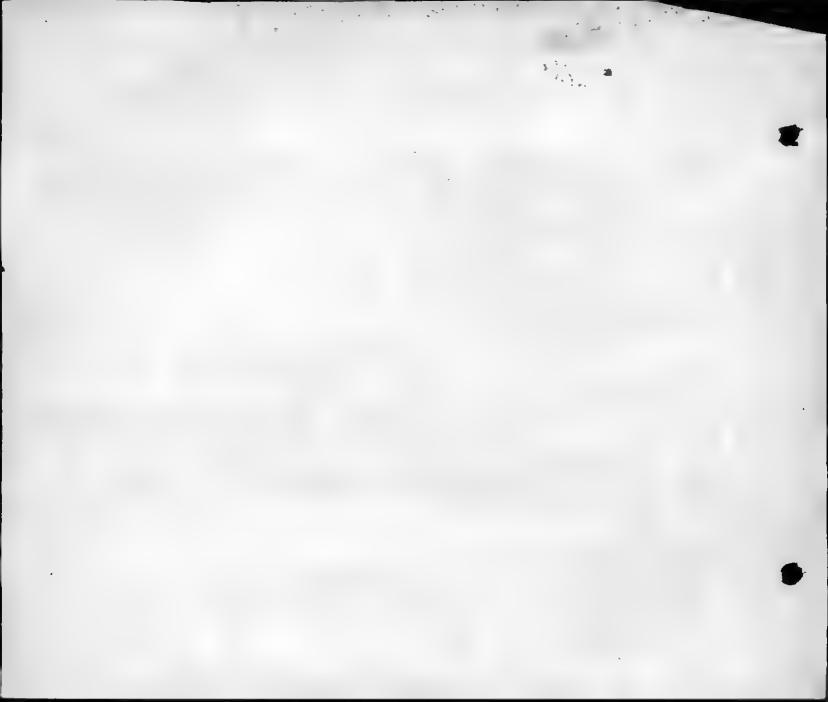
DATE DEC 2 8 '59

may be related by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by he fungral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hoars after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 21 haurs TO HOSPITAL

er Beath. Page 1

VS ATS (4) TSM 9/SS



### CERTIFICATE OF DEATH

	TORES.				Reg. Dist. No.					
1. PLACE OF DEATH a. COUNTY		MARYLANI	A STATE	here deceased lived. If institut b. COUNTY	ion: Residence before admission)					
Bal time			Md		Baltimore					
RURAL and give n		c. LENGTH OF STAY IN 1		outside corporate limits, write i	RURAL and give nearest town)					
Owings			X Owings	MILLS						
OR INSTITUTION	AL (If not in hospital, g		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
126 Ple	easant Hill	Rd.	126 Pl	easant Hill Rd	YES NO					
3. NAME OF DECEASED (Type or print)	HERB		MILES	4. DATE Mo OF DEATH Dec	-=/					
5 SEX	6 COLOR OR RACE	7. MARRIED TO NETERMARNED	B. DATE OF BIRTH	9. AGE (In years						
male	white	WINDOWER CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	May 4, 1899	lost birthday) 60 yrs.	Months Days Hours Min					
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Operato	king life, even if retired OT	Balto. Transi	t Md.							
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME						
David N	files		Carrie	Young						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO	INFORMANT	Add	hes Owings Mills, M					
no			Mrs. Blanche M	iles - 126 Ple	asant Hill Rd.					
18. CAUSE OF DE	ATH [Enter only one co	use per line for (o), (b), and (c).]	_ 7 2		INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (6) GOLONARY Thombres 15 minutes										
420.1 DUE TO 1/										
Hiller										
Conditions, if ony, which gove rise to immediate (b)										
couse (a), stating the under- lying cause last.  Col Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Children Chil										
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			PLACE OF INJURY (Home form		(County) (State					
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home farm, 20f. (City or town) (County) (Stote)  Hour o. m.  p. m.  19 While Not while of work of work of work of work of work of work										
1	at Lattended the		10//Dm/	2 -1- (60)	that I had any the decree					
21. I certify that I attended the deceased from										
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alive an/	9 1 9	7 11 11 119	ADDRESS (Street city or term, state)  DATE SIGNED							
alive an	M	1-11.11	12	ADDRESS (Street city of town	-stole) DATE SIGNE					
	ma G.	Saffell	M.D. Pleis	Melow	md / 2 -/-S					
alive an	ma H.	Saffell G. S. Well M	W. Pers	luctour	md 12-1-5 Md					
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	MIS SINCE	Saffell M		LUCE WY  22d. LOCATION (City, town,	md 12-1-5 Md					
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	2/1/cs () 2/1/cs () 12/1/59	Saffell G. S. Viell N	OR CREMATORY	Lecation (City, town,	mf /2 -/-5  xf  or county) (State)					
actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURÍAZ, CREMATIO REMOVAL (Specify)	12/4/59	Saffell G. Saffell M F 226-NAME OF CEMETERY	OR CREMATORY Cem . 240, REC'	LECETORY  ENSTOWN  22d. LOCATION (City, town, WOOdl AWM)  D BY REGISTRAR 24b, REG	mf /2 -/-5  xf  or county) (State)					
actual SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAY, CREMATIC REMOVAL (Specify) BUTIAL	12/4/59	Safell  G. Safel M  F 224-NAME OF CEMETERY  LOTTAINE?	OR CREMATORY Cem	LECETORY  ENSTOWN  22d. LOCATION (City, town, WOOdl AWM)  D BY REGISTRAR 24b, REG	mf /2 -/-5  X d  or county) (State)					

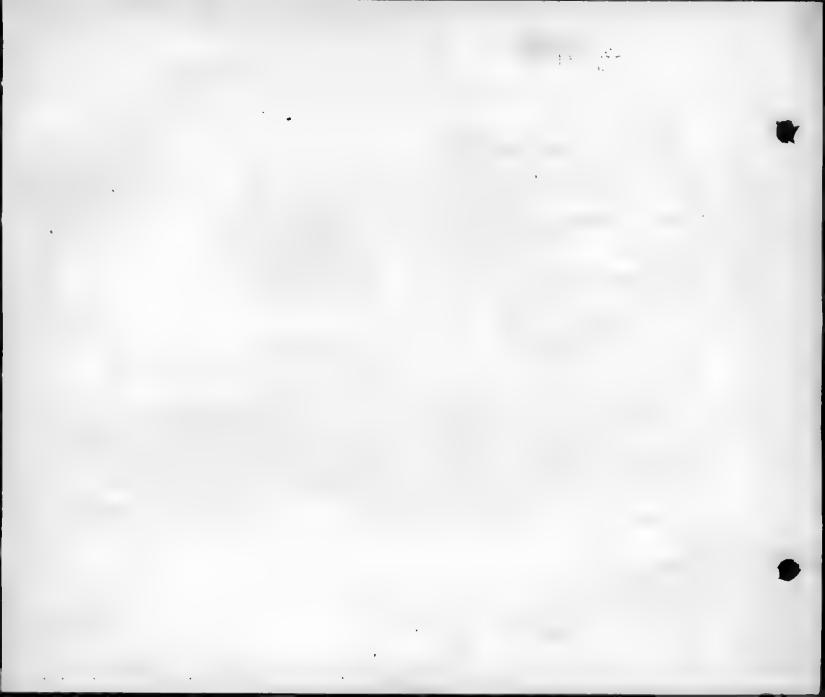
may be retained the hospital or ottending plysicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with, the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TINDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL

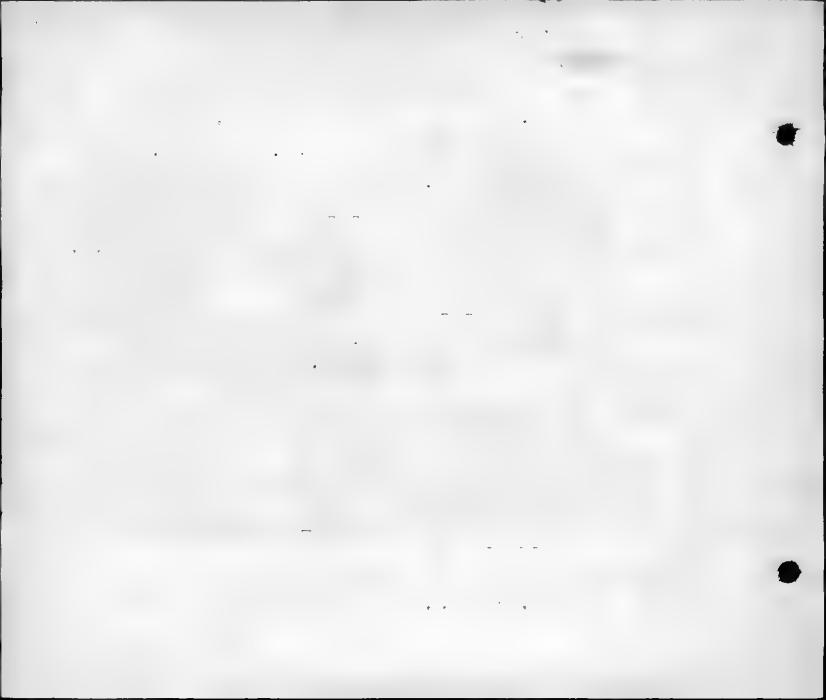
VS A15 (4) 15M 9/58

death. Page 4





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived It institution Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN Ill outside corporate limite write RURAL c. LENGTH OF STAY IN 15 c. EITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) 200 Sparrows Point 19 Md. Baltimore. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS funeral etained State Board e IS RESIDENT E ON A FARM? YES NO X Bethlehem Steel Hoshital 812 N. Washington St NAME OF 4. DATE First Middle DECEASED OF DEATH ile. (Type or print) 1959 Miller 5. SEX 6 COLOR OR RACE: 7 MARRIED [X] NEVER MARRIED [ ] B DATE OF BIRTH 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. with w fast birthday) Months Days Hours Min. WIDOWED | DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Page U. S. Bricklaver Helper Bethlehem Steel Pages n PM3. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME pages lem 18. Give ... sloog with form 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address [If yes, give war or dates of service] any IZN. WASKINGTON INTERVAL BETWEEN 18 CAUSE OF DEATH. [Enter only one couse per line for (o), (b), and (c) P ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (o) office Coronary Thrombosis. DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPS CERTIFICATION PERFORMED? NO [ 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. FLACE OF INJURY (Home, form. 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. White Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection . CTOR: apinian death resulted from: Natural causes Suicide . Homicide . Accident . Undetermined manner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE /22/59 ASSISTANT MEDICAL EXAMINER A **EXAMINER'S** should should FUNER Charles S. Petty, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or ecupty) (Stote) REMOVAL (Spec fy) ò ADDRESS 23 JUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME Certiming & Kraus 5M 2/57



DATE SIGNED DEC. 9.1954

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution on STATE Naryland b. COUNTY Baltimore  b. COUNTY Baltimore  C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)  Fullerton  d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION  C. STATE Naryland  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn  Overlea  d. STREET ADDRESS  e. 15 RES ON A	in)
RURAL and give nearest lawn)  Fullerton  d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION  d. STREET ADDRESS OR INSTITUTION ON A	
Trullerton  d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION  d. STREET ADDRESS ON A	
OR INSTITUTION ON A	
	DENCE FARM?
Fullerton Nursing Home 8409 Belair Rd. 11 Cliftwood Rd. YES I	NO 🕎
3. NAME OF First Middle Last 4. DATE Month Day OF	ear
	959
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lift UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1	
Female White WIDOWED DIVORCED August 23, 1878 81 yrs Manths Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	JUNTRY
Housewife At Home Baltimore, Md. USA	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William Scott Nancy Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address  [Yes, no, or unknown]   [If yos, give wor or dates of service]	
No None Mr. James E. Miller 4206 Parkside Drive	
18 CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c) ]  INTERVAL BE ONSET AND	WEEN
PART I DEATH WAS CALISED BY	4 6 5
33&X DUE TO	
[b] (falls) and [b]	NRS
gave rise to immediate Cause (a), stating the under DUE TO	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO YES   200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	MED?
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  Not while at wark at wark at wark	(State
21. I certify that I attended the deceased from, ARIL 18, 19-7, to DERELIBERS, 1954, that I last saw the d	cense
alive on PEC. 5, 1954, and that death occurred at 1 A. M, from the causes and on the date stated	
	SIGNE
SIGNATURE GRALL DEVEN M.D. 6232 BELAIR KD. BALTULKID DE	.9,19
PHYSICIAN'S HDAM G-SWISS	
22a. BURIAL, CREMAT ON. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, at county) (State	
REMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR'S SIGNATURE	
Tassalus Funeral Home 7401 Below Old DATE DECT 159 Outling S. Kraus	

may be reto.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached for use as the burial-transit permit. There the registrar prior to burial, crematian, at removal, and in any event

director, Glad with

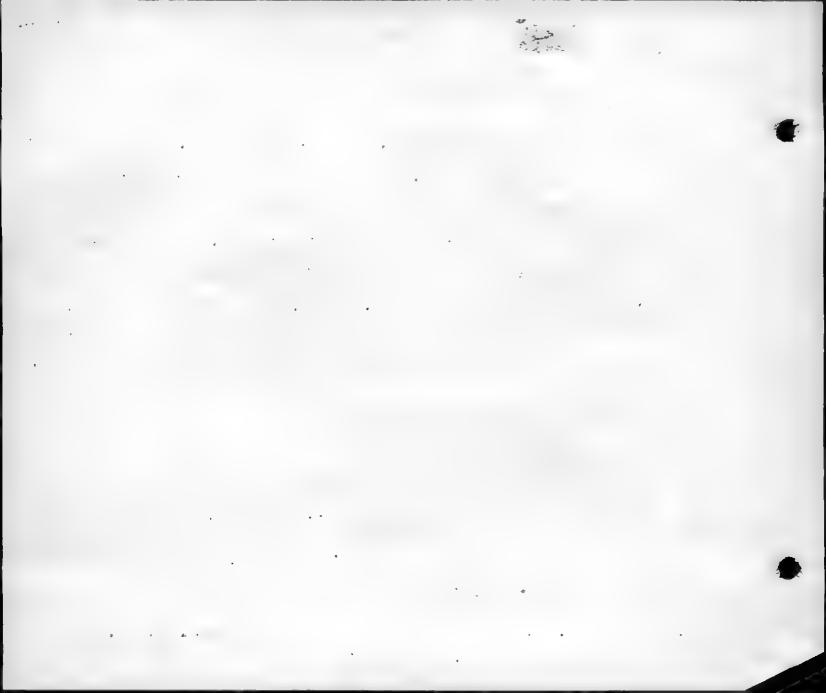
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and completely filled in by the funeral dire bon papers. Pages 1 and 2 shauld by siled

the attending physician Then please remove carl event within 72 hours after

death. Page

requires that the death certificate be





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K)	1.

deoth. Page 4

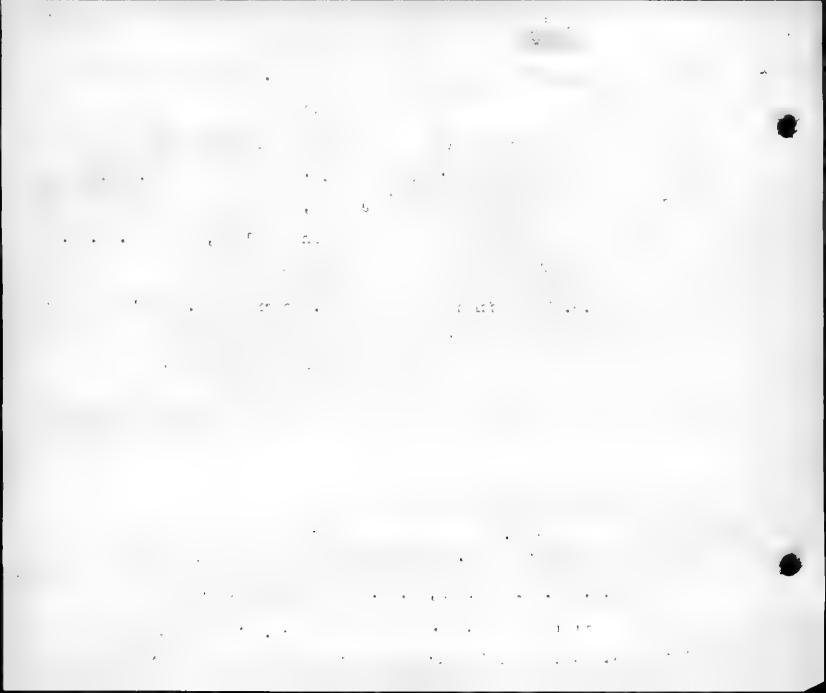
may be retain. The haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in ony event within 72 hayrs after death.

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL I VS A1S (4) 1SM 9/S8

TOZZA				Keg. Dist. No.
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who as STATE	ere deceosed lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	-	utside corporate limits, write RU	
Baltimore		B41/1/1/1	ore/ Greenla	nd Beach
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	t address)	d. STREET ADDRESS	Box 110	e. IS RESIDENCE ON A FARM?
Summit Nurs	ing Home	/Stummi/t/	/Nursing/Hom	YES NO
NAME OF First DECEASED (Type or print) Charles	Middle Eugene	Mounts	4. DATE Monti	
S. SEX 6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
male white widow		June 8, 18		Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Council		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Unknown		Unknown		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown)   (If yes, give wor or dates of service)	. SOCIAL SECURITY NO.	NFORMANT	Addre	ts
2 2 2 2	tm none E	igar C. Pow	ers 9 E. Fr	anklin Street
Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  DUE TO  (c)	Generali	Zzd Arta	rioscleros,	
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  20b. DEI OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING (206. DEED) OR CONTRIBUTING (206. DEED) (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I or Port II of item 18 }	
Hour a.m. While	· · · · · · · · · · · · · · · · · · ·	ACE OF INJURY Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended the decear	sed fram and that death	X (-13-14)	/ /	hat I last saw the deceased an the date stated abave tote) DATE SIGNE
ACTUAL SIGNATURE  THE SIGNATURE  W. E. M.	cGrath, M. D	м.в. <u>/ 303 <i>FV</i> 1</u>	derick Rd ( derick Road	28) 1/2/6
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
Bur1al 1460 3. FUNERAL DIRECTOR'S SIGNATURE	Baltimore N		D BY REGISTRAR 24b. REGIST	Maryland TRAR'S SIGNATURE





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13428

Reg. Dist. No.

1 PLACE OF DEATH				2. USUAL RES	DENCE (Where	deceased live	d If institution R	esidence be	fore odmission)
. COUNTY	Baltimo	T'e	MARYLAND	o. STATE	Md		b. COUNTY	1-	2-00
	autude corporate limits, writ		c. LENGTH OF STAY IN 1b	c CITY OR	2400	de corporote l	imits, write RURAL	and give r	neorest town]
and give nearest town	Dundalk			E2 D	undalk				
d. NAME OF HOSPIT		If not in hos	pitol, give street address)	d. STREET					e IS RESIDENCE
				745	5 German	n H177	Road		YES NO
3. NAME OF	Fir	st	Middle	Losi	4. D.	ATE	Month	Day	Year
(Type or print)	Charles S	Nanira	aski		DI	EATH	12/ 24 /5	59	19
5. SEX			D NEVER MARRIED	B. DATE OF BIRTH		9. AG	E (In years IF UN	DER TYEAR	<del></del>
Male	white	WIDOWE	DIVORCED [	August 6	1893	66	yrs. Mont	ths Doys	Hours Min.
10a. USUAL OCCUPATE	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (State or for	reign country)	12.	CITIZEN O	F WHAT COUNTRY
gardi	ier ret			Mary	land				
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
Ant	on Napiras	ki		Const	ance Day	rdes			
15. WAS DECEASED EV		RCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		-	Address		
yes	WW L		2 32 2459 A M	rs Franc	es Arms	trong (	5540 Parr	iell A	ve
18. CAUSE OF DEA	TH [Enter only one car	use per lige				7		INTE	RVAL BETWEEN
PART I. DEA	PART I, DEATH WAS CAUSED BY: OKEN ATY OCCLUSION ONSET AND DEATH								
Conditions it any which) AS P-3-C-V DISEASE								Pag.	
(Conditions, it ony, which) to IT-S-C-V DISEASE									! =
gove rise to imme									
couse lost.	(c), stoling the underlying								
PART II, OT	HER SIGNIFICANT CON	IDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	HSEASE CON	DITION GIVEN IN	PART 1(o)	19 WAS AUTOPSY PERFORMED?
PART II, OT			1-						YES NO
200. EXTERNAL CA PRIMARY [] or CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	06. DESCRIBE	HOW MIURY OCCURRED.	Enter noture of in	jury in Port I or	Port II of item	18)		
		or 204 I	NUMBER 120K BU	CE OF INTHESY /	Home form 20	f William bou	-n1	(County)	(51010)
20c. TIME OF INJU	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 208 PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote)  Hour a.m. 19 of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work								
21. I certify t	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry and find that								
deoth resulted	from: Notural	couses [	Accident 🔲, Su	icide 🔲, H	omicide 🔲	, Undete	rmined cause		
11/	Dan B	ds	A						
ACTUAL SIGNATURE	11111	2	Wa	M.D. CHIEF N	EDICAL EXAMIN	JER 🔲		1	DATE SIGNED
	no a	20	wie m	ASSISTA	NT MEDICAL EX	AMINER 🗌		17/	V /179-
EXAMINER'S NAME (Type)	11/10,	94	113 1110	DEPUTY	MEDICAL EXAM	INER Z	_	//	0/4/
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THERE	OF .	22c. NAME OF CEMETERY OF	R CREMATORY	22d.	LOCATION (	City, town, or cou	nly)	(State)
burial	12/28/59		Holy Cross Ce	metery		erman I	Hill Road	1	
23. FUNERAL DIRECTO			ADDRESS	. 0	24o. REC'D BY	REGISTRAR	246. REGISTRAR	Š SIGNATU	RE
Ullrich	Funeral H	ome 21	12 Dundalk Av	е	DATE DEC	3 0 '59	Certh	un 2 st	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the company of page 3 shauld be detached far use as the burial-transit permit the registrar prior to burial, cremation, ar remayal, and it.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13452 **CERTIFICATE OF DEATH** Reg. Dist. No funeral directar, ald be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b COUNTY MARYLAND MARYLAND BALTO BALLIMORE b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ROSEDALE. ROSEPALE. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? PHILADELPHIA READ. 8414 PHILADELPHIA ROAD YES NO Pages 1 and NAME OF Middle 4. DATE Year Day DECEASED ERBERT OTTO DEC DEATH (Type or print) 1954 9. AGE (In years 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys rban papers. AUG 28, 1888 WHITE ALE DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) U.S.A. ANCHOR POST MARYLAND ASSEMBLYMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSCAR OTTO ANDIE RAUSCH. haurs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT HELMINA OTTO 8414 PHILA ROAD 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4201 **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(0) LIS PERFORMED? YES 🗍 NO 🎦 20g. ACCIDENT WAS UNDERLYING A 20b. DESCRISE HOW INJURY OCCURRED (Enter/hature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) MEDI Hour a.m. While Not while ot work ot work 21. I certify that I attended the deceased fram. 19 tKat I last saw the deceased and that death accurred at L.M., fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) EC18,1959. BALTIMORE DALTIMORE 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR ADDRESS 24h. REGISTRAR'S SIGNATURE DATE DEC 21 '59 arthur S. Hours 7401 BELAIR Rd.

2.

completely filled

and

physician

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12/52

CERTIFICATE OF DEATH

3			10309				Keg. Dist. No.		
		PLACE OF DEATH			2 USUAL RESIDENCE (	Where deceased lived. If institution b. COUNTY	Residence before admission)		
			timore	MARYLAND	Mary]	land	V		
	ŧ	<ul> <li>CITY OR TOWN (If our RURAL and give neare</li> </ul>	utside corporate limits, write at town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	f autside corporate limits, write RU	RAL and give nearest town)		
		Fort Howar		64 Days	Balti	more	3:1-4		
a	(	d. NAME OF HOSPITAL	(If not in hospital, give street	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
J		Veterans Administration Hospital 1135 S. Manover Street							
	3. 1	3. NAME OF First Middle Last 4. DATE Month OF							
		(Type or print)	HENRY	J. PA	AR SR.	DEATH DECEMBER	R 25 19 59		
	5. 5	SEX 6.	COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8 DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS		
		Male	White WIDO	WED DIVORCED	2/11/97	62 yrs.	Months Days Hours Min		
	100	USUAL OCCUPATION during most of working	(Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY		
	Ga	s Station C		Gas Station	Baltimore	Maryland	U.S.A.		
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN				
			and Paar		6	mma Leifer	rt		
	٧5. زارات	WAS DECEASED EVER IN	U. S. ARMED FORCES? 1: es, give war or dates of service)	6. SOCIAL SECURITY NO.	NFORMANT	Addre	33		
	_]_	Tes		220 <u>-12-4987 011</u>	n.Rec.VA Hos	p. Balto Mi Ft Ho	ward Division		
_	7		[Enter only one couse per	_			INTERVAL SETWEEN ONSET AND DEATH		
		PART I. DEATH	WAS CAUSED BY: BRI	ONCHOGENIC CARC	INOMA RIGHT	LUNG WITH	UNKNOWN		
			жини менения	etastasis to hi	LAR LYMPH NO	DES AND LIVER			
		Conditions, if ony,		EREBRAL ARTERIO	SCLEROSIS		UNKNOWN		
		gove rise to 1mm cause (a), stating the	under ASSAS				*********		
		lying couse lost	(c) O.	LD MYOCARDIAL I	NFARCTION		UNKNOWN		
	CATION	PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED?		
						•	YE NO		
	CERTIF	20a. ACCIDENT WAS U	INDERLYING [] 206. DE	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port II of item 18.)			
-		(IF EITHER, NOTIFY ME	DICAL EXAMINER)						
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yeor 20d. While		ACE OF INJURY (Home, for story, street, office bldg., a		(County) (State		
	ME	p. m.		ork ot work					
		21. I certify that	Vattended the dece	sed fram October 2	2 , 1959 , ta D	ecember 25, 19 59m	THE PERMIT		
		MODOCCCC		and that death	accurred at 10:1	544 from the causes and	I an the date stated above		
		11	17			ADDRESS (Street, city or lown, st	tote) DATE SIGNED		
		SIGNATURE Wa	the.	deller Mil)	M.D. VAH. BALTO	. MD. FT. HOWARD	DIVISION		
		PHYSICIAN'S							
		NAME (Type) WAL	TER C. GOLDS	TEIN, M.D.	VAH, BALTO	.MD.FT.HOWARD DI	VISION 12/25/59		
	220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22¢ NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	county) (State)		
		Burial	1120 D 1949	Louden Park	Cemetery	Baltimore			
h	23.	FUNERAL DIRECTOR'S S		OO S. Charles	8t. 240. RE	- 0 - 150	TRAR'S SIGNATURE		
27	A,	Howard Evan	s Funeral Ho	HOO AT STREET HOO	Maryland DATE	Cirilbu	9 S. King		

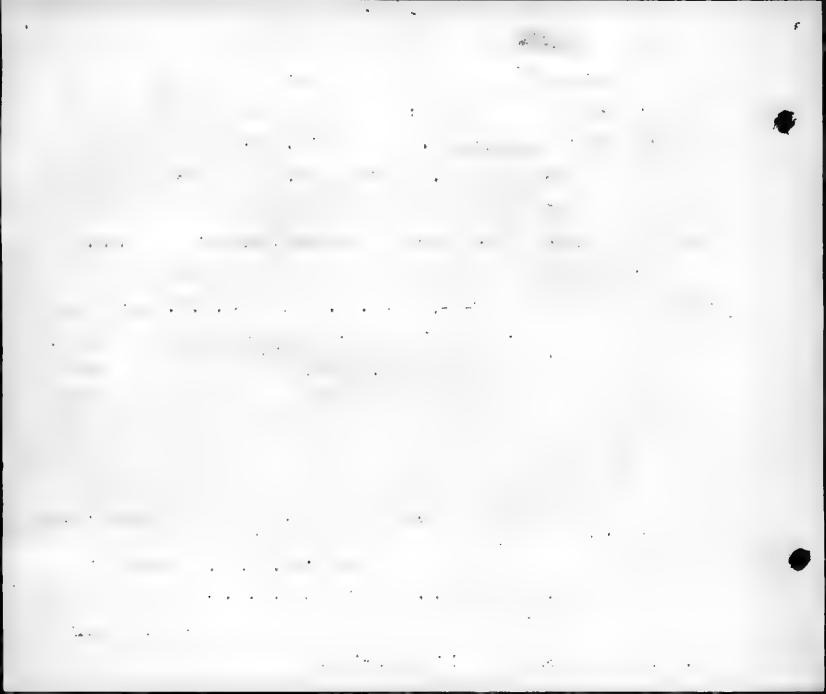
death. Rage 4

may be retained by the haspital ar attending physician.

TO FINERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld lie detached for use as the burial-tramst permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to be burial, commation, ar remaval, and in any event within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OF VS A1S (4) 1SM 9/S8

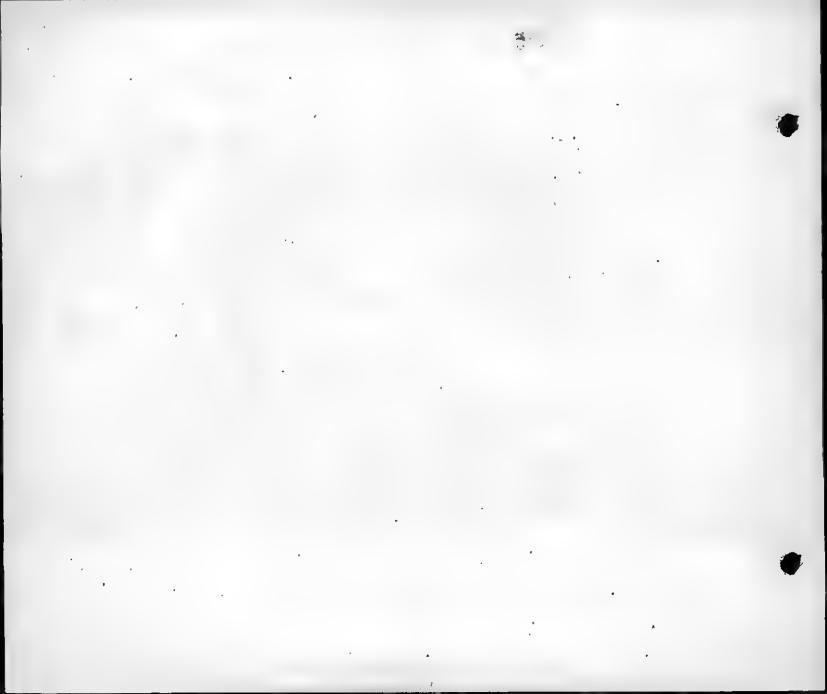


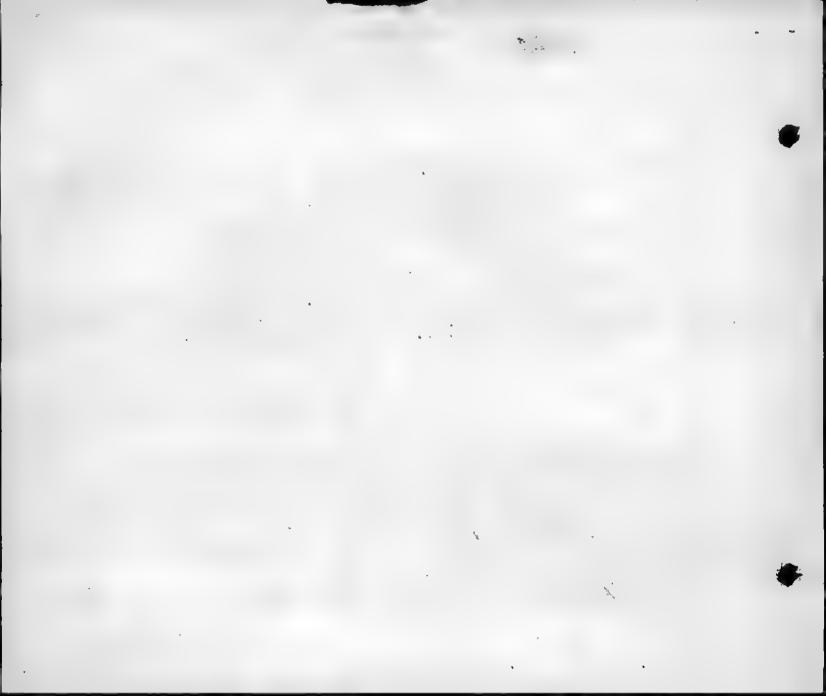
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13454 CERTIFICATE OF DEATH Rea. Dist. No director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed COUNTY b. COUNTY MARYLAND funerol b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þe RURAL and give nearest town should MAGS d. NAME OF HOSPITAL (If not in hospital, give street address e. IS RESIDENCE ON A FARM? by 1 OSEWOO YES NO 2. NAME OF DATE Month Year DECEASED DEATH (Type or print) EEK 19 🗂 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Hours WIDOWED [ DIVORCED [ yrs. comple papers. 100 USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13. FATHER'S NAME physicion move, 15. WAS DECEASED EVER IN U. S. ARMED FORCES? **INEQRMAN** gu 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. physicion peen CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) 0. m While Not while at work at work 21. I certify that I attended the deceased from that I last saw the deceased that death accurred at 11. 10 M, from the causes and an the date stated above alive an /s and DIRECTOR ACTUAL SIGNATURE Prior should PHYSICIAN'S NAME (Type BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City frown, or county) (Stote) 0 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Krass VS A15 (4) DATE 15M 9/5B

8

certificate

death





13456 CERTIFICATE OF DEATH

13434

	40300		Keg. Dist, No.						
	1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryl	L COUNTY	ion: Residence before admission)				
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					
	RURAL and give nearest town) Catonsville	lyromthlldys	Badtimore .5 · · · · ·						
ē.	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE				
ŀ		OSPITAL	1414 West	Baltimore St.	ON A FARM? YES NO				
	3. NAME OF First DECEASED (Type or print) Mamie	Midd'e	Lost Parsons	4. DATE OF DEATH	nih Day Year C . 2 3 19 5 9				
	5. SEX 6 COLOR OR RACE 7- MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years					
	female white wood	VED Se polivorced	May 22, 189	2 lost bicthdoy)	Months Days Hours Min				
	100 USUAL OCCUPATION (Give kind of work done 10kg	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	during most of working life, even if retired) housewafe		Alabam	a	U. S. A.				
i	13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
	Unknown		Eliz	abeth ?					
1	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. II	NFORMANT		iress				
	(If yes, give wor or dates of service) INIMOWN	None R	ecords: SPRI	NG GROVE ST	ATE HOSPITAL				
1	1B. CAUSE OF DEATH (Enter only one couse per	ine for (a), (b), and (c),			INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	2 /2							
	LL . DUE TO	- / 6.	1	11- 11					
	Conditions, if ony, which								
	gove rise to immediate couse (a), stating the under-	oera/12	ed artor	105cleros	15 1111				
`	Saterialing per -/en	Externally be- lension							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20s. ACCIDENT WAS INFORKYING   20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18 ) OR CONTRIBUTING   Cadisc Of Death III FITHER, NOTIFY MEDICAL EXAMINER!							
	A Hour o. m. While								
	21. I certify that I attended the decea	sed from Dec. 22	, 19 59, to DE	°C 23 195	7,that I last saw the deceased				
	alive on Dr C 23 19		1041		and on the date stated above.				
	7 7 :			ADDRESS (Street, city or town,					
	SIGNATURE & ULLICO Kad	austerz	SPRING	GROVE STATE	HOSPITAL /2/23/m				
	20111001	AMBULL	T-V						
	PHYSICIAN'S 13 RL( NO KH-	UHUJKHJ	Catonsvi	lle 28, Maryl	and '				
	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, fown,	or county) (State)				
,	Burial   12-26-59	Glen Haver	Mem. Park	Glen Bur	nie, Maryland				
L.	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE				
-	John F. Lenry In	c. Millo. 30	o Mai DATIDEC	28'59 an	Chur S. Henra				

er death. Pag≡ 4 funeral director, uld be filed with TO HOSPITAL DESTIENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 homs moy be retain TO FUNERAL DI VS A15 (4) 15M 10/57

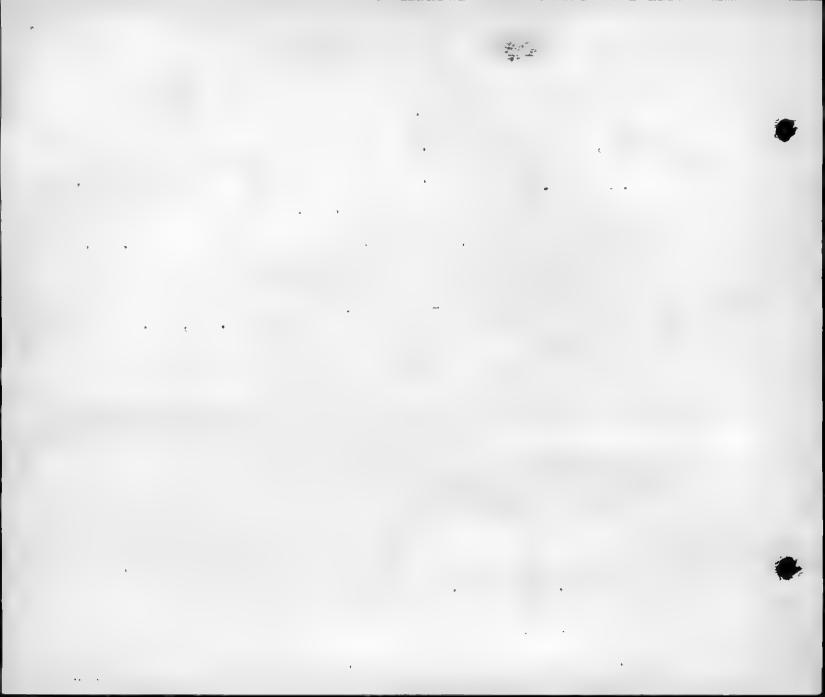
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13457 CERTIFICATE OF DEATH

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be re NERA 3 sh		22
O HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be execute may be relaine. It he hospital or attending physician.  O FUNERAL DIFF.COR: After this certificate has been signed by the attending physician and cam page 3 should be detached for use as the buriol-transit permit. Then please remave carbon page the registrar priar to burial, cremotian, or remayol, and in any event within 72 bauts ofter death.		000
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be relained the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by we known director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremotian, or remayol, and in any event within 72 haurs ofter death.		23
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L		70	XV S	CHILL						Reg. Dist.	No.		
1,	PLACE OF DEATH 0 COUNTY	Raltimore		MAR	(LAND		Mary.		hved If institution b. COUNTY		before admi		
	B. CITY OR TOWN (I	f autside carporate limit	s, write	6 Yrs.	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d. NAME OF HOSPIT OR INSTITUTION Residence	AL (If not in hospital, gi	aldn			d street address 7347 Waldman Avenue					e. IS RESIDENCE ON A FARM? YES NO XX		
3	NAME OF DECEASED (Type or print)	Willi		Middle E .	_	ttersc		4. DATE OF DEATH	Mani De ce	mber	Doy 23.	Year 19 59	
1	sex Male	6 COLOR OR RACE White	7. MARR			Jan. 2		907	9 AGE (In years lost birthday)	Months D	YEAR IF UNI		
10	USUAL OCCUPATION IN THE CHARLES	ON (Give kind of work d ing life, even if retired)		th. Stee			'gini	_	untry		EN OF WHA	T COUNTRY?	
13.	FATHER'S NAME			-	·····	14 MOTHER'S	MAIDEN N	AME					
_		nas Patte:					y Per	nning					
IS IV	as_no, or unknown!	RIN U.S. ARMED FOR	eneral	50CIAL SECURITY NO 36-07 <b>-</b> 72		iformant Irs. Et	ta (E	Eliza	beth) P		son		
ATION	PART t. DEA  / 6 3 ×  Conditions, if a gave rise to it cause (a), staling tying couse last.	mmediate ( Custo		Cavin	Dipi u	cf	Lun	)	condition give		(a) 19. WAS	AUTOPSY ORMED?	
L CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature a	if injury in P	art I or Port	11 of item 18.)		113	] NO [₽	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	r 20d. IN While at work	NURY OCCURRED Not while of work	20e. PLA fact	CE OF INJURY I ary, street, office	Home, form, a bldg , etc.)	20f (City	or tawn)	(Cou	onty)	(Slate)	
	actual signature	Jen E. Ka	decease _, 19_ / Cax ssel	9, and that		. <u>5 - 19</u> occurred at	10 131	/M, fram	the causes are cet, city or town, s	nd on the	st saw the date state of the Hd	deceased led abave, PATE SIGNED	
720	BURIAL, CREMATION	Dec. 27,		72c NAME OF CEM 59 Ather		crematory emeter			ON (City, town, or		(Sio		
23.	John J.		2 W1	ADDRESS Se Ave.	22.	Mđ.		BY REGISTR		Thun &	1.4		



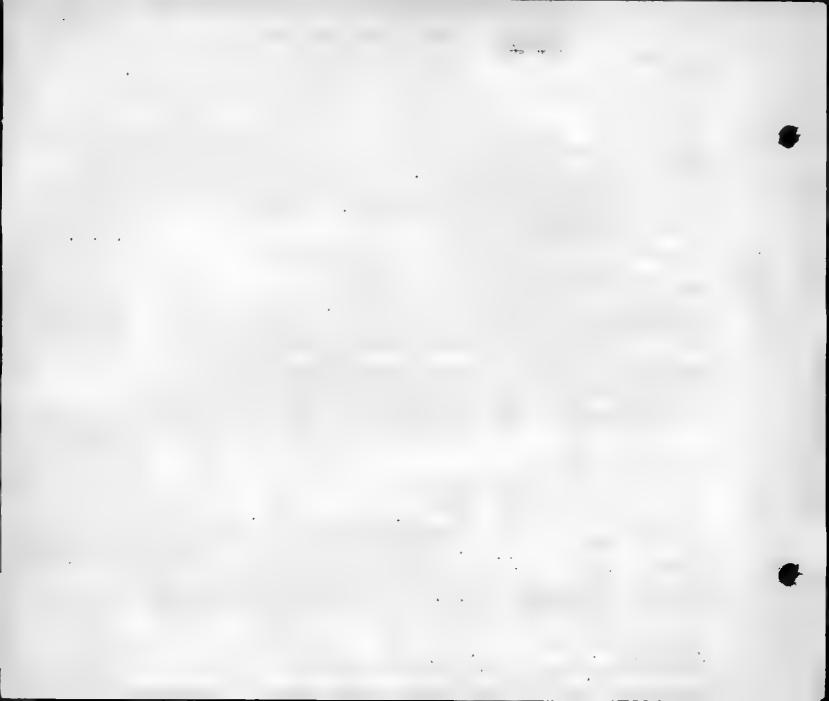


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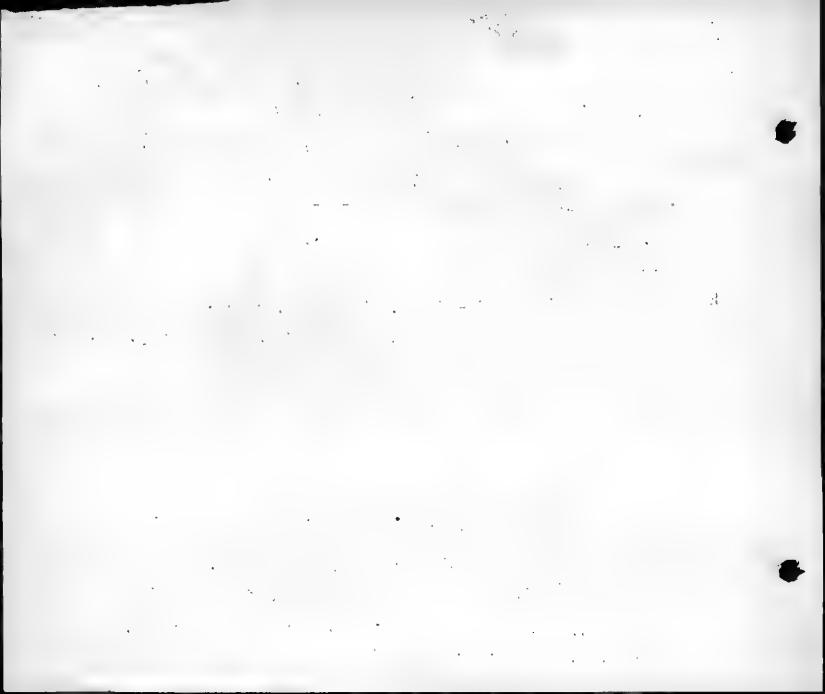
certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





**CERTIFICATE OF DEATH** 

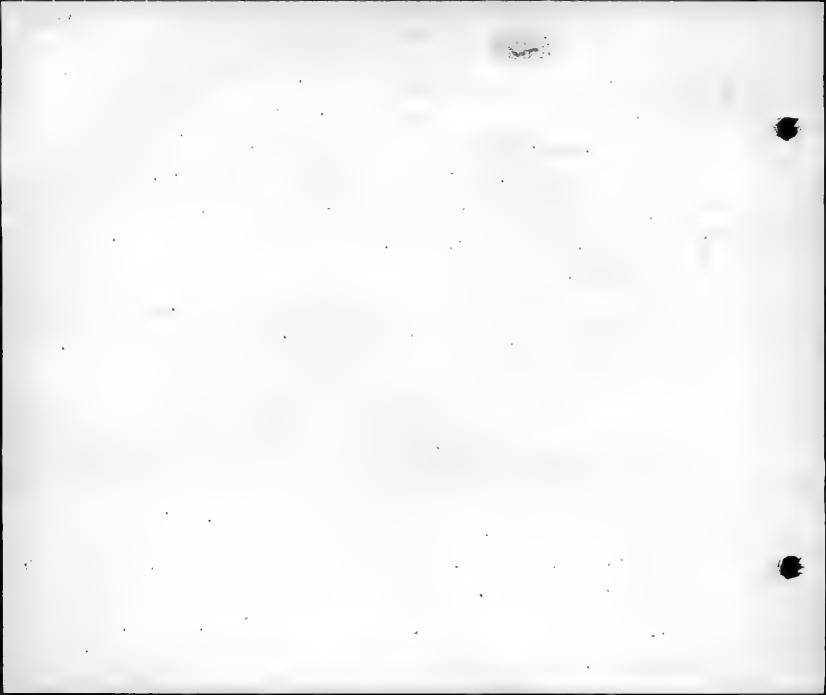
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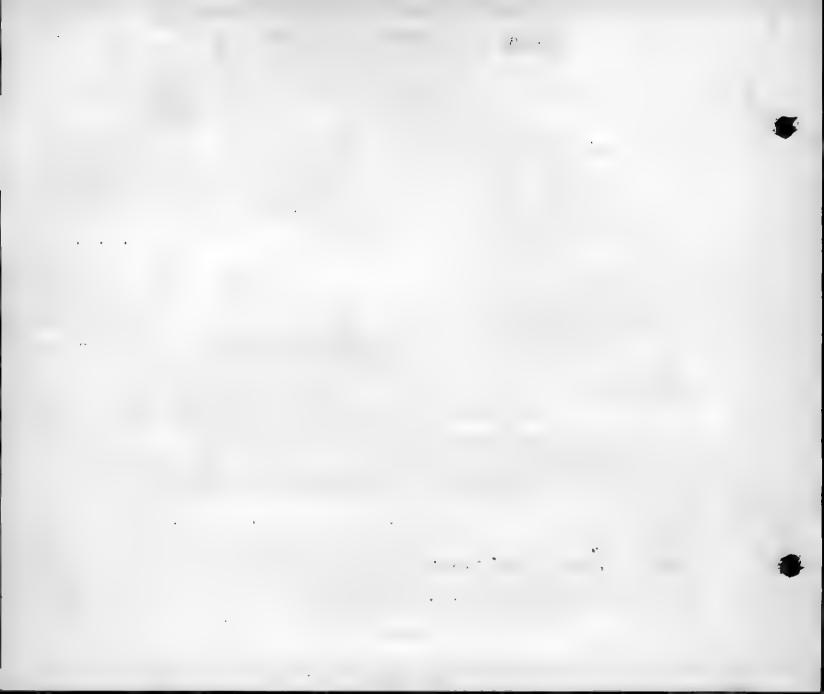
13462	CERTIFICA	ATE OF DEATH	1	Reg. [	Dist. No.
1. PLACE OF DEATH  a. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who a STATE Md.		If institution: Resid	ence before admission) Ltimore
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Providence	TH OF STAY IN 16	c. CITY OR TOWN (IF o	•	its, write RURAL one	d give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 938 Ellendale Dr	ive	d. STREET ADDRESS	endale d	rive	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Ray W. Pitt	Middle	Lost	4. DATE OF DEATH	Dec.	20 19 5
white WIDOWED EX	DIVORCED	8. DATE OF BIRTH 8-24-1879	8	O yrs. Months	
100. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  (ity emp. wate.	n dept.	Mary	l <b>a</b> nd	12.0	ITIZEN OF WHAT COUNTR
Charles L. Pitts			Burnett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unknown) (If yes, give war or dates of envice)	ECURITY NO.	Ethal Niama	Due h	Address	
PART I. DEATH Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause (a), stating the under.  Lying cause last.	SCLEADTI	CEBERROUMS.	CHAR DIS	SFASE	ONSET AND DEATH
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUT					ART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter nature of injury in l	Part I or Part II of it	tem 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCI Hour a. m., 19 While Not p. m. 19 at work at we	while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or tow	n)	(County) (Stat
21. I certify that I attended the deceased fram alive an DEC 13, 1959.  ACTUAL TILLIAM A JULIS SIGNATURE TO SIGNATURE		, 19.5 7, to 1 accurred at 12.50 P		auses and an t	last saw the decease he date stated abov DATE SIGNI
PHYSICIAN'S LUICLIFFY A PILL	Shirt				/ / /
burial 12-23-59 Je	ME OF CEMETERY C	or crematory metery	0 /	ily, town, or county	•
23. FUNERAL DIRECTOR'S SIGNATURE ADD	ress rtord Rd	240. REC'I	D BY REGISTRAR 2 3 '59	Cathur, S.	6 -

death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fitted with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 15M 9/58





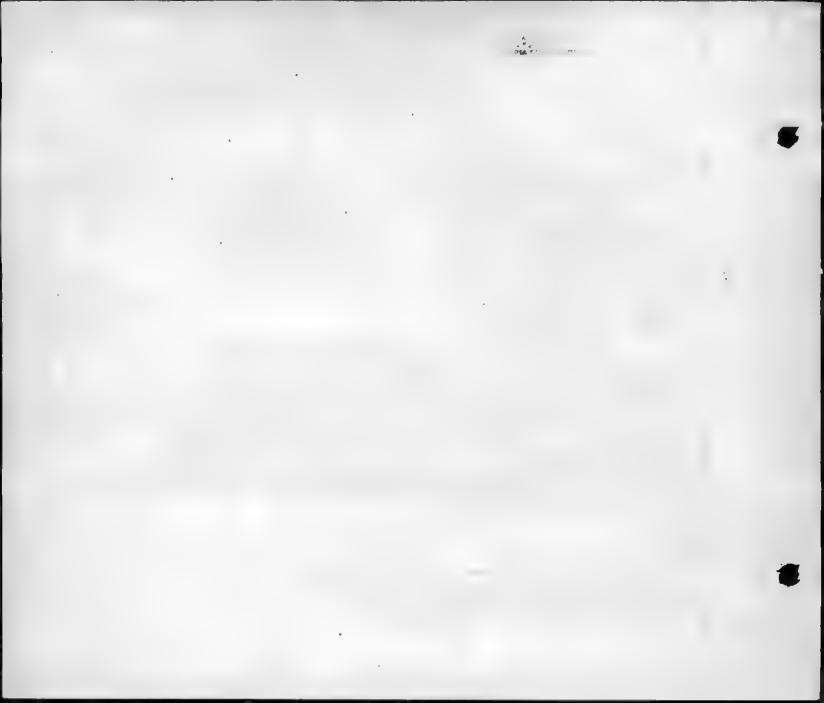
DEC 1 4 '59

Chilling & Knows

A. Heemahn

6067

Harford Rd.



Henderson Funeral Home

**ADDRESS** 

30.1959

John Burns' Sons, Towson, Maryland

Savanah. Georgia

24b, REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

DATE AM

0 VS A15 (4) 15M 9/58

Remova.

23. FUNERAL DIRECTOR'S SIGNATURE

within

executed

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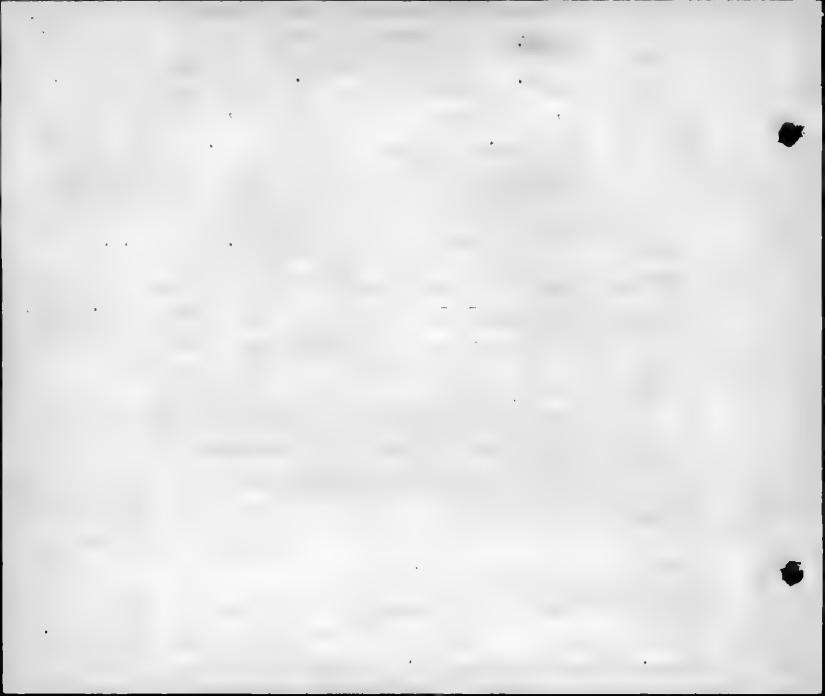
certificate

death

requires that



à 1	· X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
) A S S	<b>/</b>	13468 CERTIFICATE OF DEATH Rog. Dist. No. 13444
I director, filed with		D. PLACE OF DEATH O. COUNTY Baltimore Co.  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before odmission) b. COUNTY Baltimore Co.  MARYLAND
nerol o		b. CITY OR TOWN (If autuide corporate limits, write RURAL and give rearest lown)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside carporate limits, write RURAL and give rearest lown)
er for house		Baltimore 22,  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
d 2 s	X	1625 Searles Rd.   8330 Bletzer Rd.   ON A FARM?
24 nor		NAME OF DECEASED (Type or print) Frank PURAL Lost 4. DATE Month Day Yeor DEATH 12 21 19 59
Jinin Z ely fille Poges		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS.
2 2		M WIDOWED DIVORCED 7-4-1894 65-yrs.
cample popers.		0a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
ond ond por property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pr	_	Longshoreman Stevedore Baltimore Md. U.S. MA
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physicion move cor		Joseph Pural Unknown  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
		Yes   (#yes, give wer or dores of service)   214-01-0763A   Joseph Purel 8330 Bletzer Rd. (22)
eom ce ending lease r		18. CAUSE OF DEATH [Enter only one cause per limitar (a), (b), and (c).]
		PART 1. DEATH WAS CAUSED BY: [ LENGUICING of LEGER. LLLY, ONSET AND DEATH
s mor r d by the nit. Th		Conditions, if any, which) the Metasture Carrieria to Levelse,
require an. n signer isit per		gave rise to immediate cause (a), stoting the under- prince cause (a), stoting the under- prince cause last.  DUE TO Happarleunil (:UD. Anlantliums & Frenchlice
physici physici as bee ial-tron	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a) 19. WAS AUTOPSY PERFORMED?  YES NO
ficate but		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER)
ol or of this cert r use os		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRSO Hour a. jn. 19 of wark at wark at wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19 of wark 19
Spile fer of fo		21. I certify that I attended the deceased from MCV 1 , 19 19, to 1 22 21, 19 12, that I last saw the decease
he he hoo hoo he he hoo he he houris		alive on, 19, and that death occurred at 12:10 BM, from the causes and an the date stated above
The Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	J	ACTUAL SIGNATURE ME ESLI COLLECT LE M.D. >7/1 (al Cul Cul Care Cul)
RAL Error pristror pr		PHYSICIAN'S MELVIN T TAWOITSKI MI.D. 2711 EMJERN ASE
may be FUNE page 3	,	22c. NAME OF CEMETERY OR CREMATORY The state of Country Sacred Heart Cemetery 7401 German Hill Rd Ba. (Stole)
5 5 4=	**	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	1 x	John M. Weber & Sons Inc 401 S. Chestert DEC 22'59 Onther 2. Kings
	2	



VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND

Middle

DIVORCED [

13448

Rea. Dist. No.

13470 1. PLACE OF DEATH Balto. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest town) Catonsville 28
d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION 621 Rest Ave NAME OF First DECEMBED (Type or print) William John 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED male white WIDOWED 7 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

foreman

John W. Rest

IS. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

13. FATHER'S NAME

no

2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) a. STATE **b.** COUNTY Warvland Reltimore c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)

Catonsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🔲 NO 🎏 621 Rest

4. DATE Last Month Day Year DEATH 19 50 Rest Dec 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. Manths Days Haurs Min. 26/1888 12. CITIZEN OF WHAT COUNTRY? U.S. a.

Gas & Electric Md. 14 MOTHER'S MAIDEN NAME

16. SOCIAL SECURITY NO. 17. INFORMANT

621 Rest 1 INTERVAL BETWEEN ONSET AND DEATH

Address

IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last.

18. CAUSE OF DEATH [Enter only one couse per line, for (a), (b), and (c).]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🔲 NO

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year Haur a.m.

21. I certify that I attended the deceased fram,

20d. INJURY OCCURRED While Not while at wark 🖂 at wark

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg , etc.)

(State) (County)

7. that I last saw the deceased

alive on. and that death occurred ACTUAL SIGNATURE

__Z_M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state)

DATE SIGNED

NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREO!

p. m.

CEMETERY OR CREMATORY

22d LOCATION (City. town, or county)

(State) 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S

**ADDRESS** 

24g. REC'D BY REGISTRAR DATED FC 2 9 159

arthur S. Thous

VS A15 (4) 1SM 9/55

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		7011					keg. Dist. I	40.		
	CE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE o. SIATE Maryla	(Where deceased nd	l lived. If institutio b. COUNTY	n: Residence b	refore admission)		
	URAL ond give neo		c. LENGTH OF STAY IN 1b	CITY OR TOWN		rote limits, write RU	JRAL and give	nearest town)		
d. N		densburg L (If not in hospitol, give street	oddress)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM? YES NO		
DEC	ME OF CEASED oe ar print)	First Reb <b>ecc</b> a	Middle W.	Rhoten	4. DATE OF DEATH	Mont Dec		Day Yeor 19 19 59		
	MALE	6. COLOR OR RACE 7. MARI WHITE WIDOW	ED DIVORCED	May 19,19		36 grs.	Months Doy	FAR IF UNDER 24 HRS. ys Hours Min.		
10o. US du	SUAL OCCUPATION uring most of working Housewii	I (Give kind of wark done 10b. g life, even if retired) . e	KIND OF BUSINESS OR INDE		Stote or foreign or one Cour			S.A.		
13. FAT	THER'S NAME Ex	nest E. Woode	en	Lois	Benson					
15. WA {Yes, no.	AS DECEASED EVER	IN U. S. ARMED FORCES? 16.	m al ama =	rgil T. Rh	oten, Wo	Addro				
	PART I. DEATH	M [Enter only one couse per li H WAS CAUSED BY MMEDIATE CAUSE (o)  DUE TO	ne for (o). (b). and (c).]	mela	nsna			NTERVAL BETWEEN ONSET AND DEATH		
9	Conditions, if any, which gove rise to immediate DUE TO  Lying couse last. (c) (c)									
CERTIFICATION		R SIGNIFICANT CONDITIONS	CONTR BUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASI	E CONDITION GIVE	EN IN PART I(c	PERFORMED? YES NO		
	ACCIDENT WAS R CONTRIBUTING [ EITHER, NOTIFY W	UNDERLYING TO 206 DES CAUSE OF DEATH REDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injur	y in Port I or Parl	tll of item, 18)				
WEDICAL	Haur a.m.	Month, Day, Year 20d. I While at wor	Not while fo	LACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (City , etc.)	or town)	(Coun	nty) (Stote)		
al	l. I certify that live an Alca	t I attended the decease 195	ed fram Nec 12 II., and that death	n accurred at // 10	DEM, from ADDRESS (St	the couses onc	on the de	saw the deceased ate stated obove DATE SIGNED		
PH		arence E. McW	illiams	Reiste	rstown,	Md/ C	J	1		
220. BU	JRIAL, CREMATION	12-22-59	22c NAME OF CEMETERY C			ion (City, lawn, o		(Stote)		
	NERAL DIRECTOR'S	1	ADDRESS	240.	PECID BY PEGIST	PAR 24h REGIS	TRAR'S SIGNA	ATURE		
Wil	lliam Cod	ok, Inc., 121	7 St. Paul S+r	eet DATE	DEC 2 2 '5	Chi	hur S. Fr	acce		

requires that the death certificate be executed within 24 hai te has been signed by burial-transit permit. may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate page 3 shauld be detached for use as the the registrar prior ta burial, crematian, ar

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VS A15 (4) 15M 9/58



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 13472 Reg. Dist. No. director 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR JOWN/If outside carporate limits, write RURAL and give nearest town) RURAL and give negres) town 00158 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO | £ 4. DATE OF DEATH NAME OF Lost Year DECEASED (Type or print) 19.5 6. CQLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours WIDOWED 1 DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired) 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? ion and corbon p MANASCE 13. FATHER'S WAME 14, MOTHER'S MAIDEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part t or Part II of item 18) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or fown) Doy, Year (Stote) (County) Hour a.m. foctory, street, office bldg., etc.) While Not while at work at work 2/20, 1959, that I last saw the deceased 21. I certify that I attended the deceased from. 1957, ta and that death occurred at 1142 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 3 should PHYSICIAN'S NAME (Typicara Gordon Gran 22g. BURIAL CREMATION 22b DATE THEREOF 22d, LOCATION 22c-NAME OF CEMETERY OR CREMATORY (Slote) REMOVAL (Specify) Md all. 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR VS A15 (4) DATED F.C. 15M 9/55 arthur & He

death. Page

death certificate be

requires that the



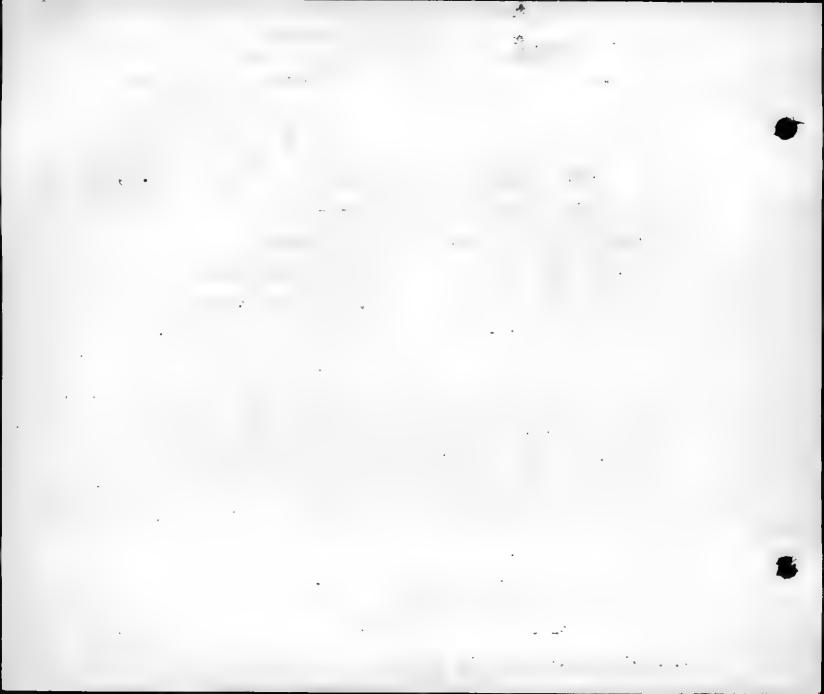
le i i	. PLACE OF DI	EATH - LJ4	7-3			E OF DEAT		idence before a
V	a. COUNTY	Saltimore		MARYLAND	a. STATE Virgi	b. 6	OUNTY	
71-	b. CITY OR TO	WN (if outside corporate (in L and give nearest town)	ite, c. LEI	NGTH OF STAY IN 16	-11	f outside corporate limits	write RURAL and g	ive nearest towi
	E	Ilicott City			Okont	on		-
		IOSPITAL OR INSTITUTION	(if not in hospital, g.	ve street address)	d. STREET ADDRESS			a. IS RE
1	. NAME OF	ella Ave.	ŀ	Middle	Lasi	4. DATE	Month I	YES T
l	(Type or print)	ROS			RIGGLEMAN	OF		9, 19
1	5. SEX	6. COLOR OR RACI		EVER MARRIED	8. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YE	AR IF UNDER
	Male	White	WIDOWED	DIVORCED	ABOUT KKKK	1919 40?	dey) Months Da	ys Hours
		UPATION (Give kind of world of working life, even if relir		BUSINESS OR INDUST	RY 11 BIRTHPLACE (State	or fore gn country)	12. CITIZE	N OF WHAT C
J.	Car	penter	Gen. (	Construction		County W. Va	1.	
1	3. TATREK 3 NA				14. MOTHER'S MAIDEN			
-	5. WAS DECEASE	ED EVER IN U.S. ARMED FO	rt Rigglen RCES?   16. SOCIAI	nan L SECURITY NO.   17.	INFORMANT ?_		nith _	
ľ	Yes, no, or unkow	(If yas give wer or datas of W. #2	unkr	nown Mr	_Dayton Cook	Hearndon	Rt. #2	Va.
-	18. CAUSE	OF DEATH (Enter only on		e), (b), end (c).]	_bay oon cook	, nearnaon,	7000 11.20	INTERVAL BET
ı	PART 1.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8	_Avulsion	of brain				ONSET AND I
Т	1 47	DUE TO	gunshot	wound of 1	nead			
1	Conditions, if	any, which	)					_
- 1	gave rise to in							
		the underlying DUE TO						
	(a), stating t	the <u>underlying</u> DUE TO	)	NG TO DEATH BUT N	OT RELATED TO THE TERM!	IAL DISEASE CONDITION	V GIVEN IN PART 1,	e) 19. WAS A
- Carona	(a), stating t	the <u>underlying</u> DUE TO	)	NG TO DEATH BUT N	OT RELATED TO THE TERM!	PAL DISEASE CONDITION	N GIVEN IN PART 1,	PERFO
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N/	YSICIAN'S AME (Type)	ETEK	٧.	(HORPE, )	~\ \ \	) Er					*********		
RI	URIAL CREMATION EMOVAL (Specify) Hrial	12-24-5		Good Sher					ION (City tow licott		• •	(Sta	ie)
	NERAL DIRECTOR'S		L7	ADDRESS	74.03		4o. REC'D	BY REGISTI			SIGNATU	RE 39	
F. 0	C. Higinbo	othom, Ellic	cott	City.Md		D	ATEDE(	2 8 '59	9 (	Irthur .	2. Kray	A	



		Mark St. St. St. St.	•
• •			
	•		

	70310		Reg. Dist. No.								
1. [	PLACE OF DEATH  COUNTY		2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 9. STATE 6. COUNTY								
	Baltimore	MARYLAND	Maryland	7	b. COUNTY			1			
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OF TOWN			-	e nearest law	n)			
	Catonsville	6 Months	Baltimo	re	34-	1 sp					
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRES				e. IS RE	FARM?			
_	House in the Pine		1518 Ro	lton Str	eet		YES	) NO [			
	NAME OF First DECEASED Type or print) GEORGE	Middle	Last	4 DATE OF DEATH	Mont		Day	Yeor			
	EX 6. COLOR OR RACE 7. MAR	NELSON ROGERS	B. DATE OF BIRTH		9 AGE (In years	DET Z	YEAR IF UND	19 59 ER 24 HRS			
	Male White WIDOW			rs. Fre Fre	9 AGE (In years lost birthdoy)	Months Do	ays Hours	Min.			
4	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		July 22.11		06	12 CITIZE	EN OF WHA	COUNTRY			
	Advertising	Radio	Marv	land							
•	FATHER'S NAME		14 MOTHER'S MAIDE								
ĺ	William F. Rogers. Sr	•	Emma	Hollows	v						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. H	NFORMANT		Addr	ess					
	No	M ₂	s. Marion	D. Roger	8 1518	Bolton	Street	ta			
Ì	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), ond (c) ]	(E 1	,	. ,	1	INTERVAL B	ETWEEN			
Ì	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	union to a	Carken	o Anial	7/2		ONSET AND	LAZA.			
	42 d DUE TO		,	. 0	1			7			
	Conditions, if ony, which ) the Cold	to consoft	emers	e illa	1,2cle	ches !	100	K			
	gove rise to immediate DUE TO	1 -11									
	lying cause last. (c) Klacket,										
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING JÓ DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1	PERFO	AUTOPSY DRMED?			
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURREN	O. (Enter nature of injury	in Part I or Par	I II of item 18.)						
MEDICAL	Hour o. m. While		ACE OF INJURY (Hame, tary, street, office bldg.,	form,   20f. (City   etc.)	r or town)	(Cou	unty)	(State)			
		rk at work									
	21. I certify that I attended the deceas	sed from Snep ()	, 19.57, to_	Der.	2 , 19.7	.,that I las	st saw the	decease			
	alive an 19:	7, and that death	accurred at	M, from							
	b 100	ADDRESS (Street, city or fown, stole) DATE SIGNE									
	SIGNATURE BURARD & CO	24.2	M.D								
	PHYSICIAN'S										
	NAME (Type) Dr. Bergard J.	Cohen	Maryla	nder Apt	is.						
?a	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, lawn, o	r county)	(Sto	le)			
	Cremation   Dec. 4.1950				altimore,						
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		TEC D BY REGIST		TRAR'S SIGN					
Q	hn O. Mitchell & Sons, J	nc. 1900 Eutaw	Place DATE			2. /	TATALAN .				

may be retail TO FUNERAL D VS A15 (4) 15M 10/57

may be retained by the haspital or attending physician.

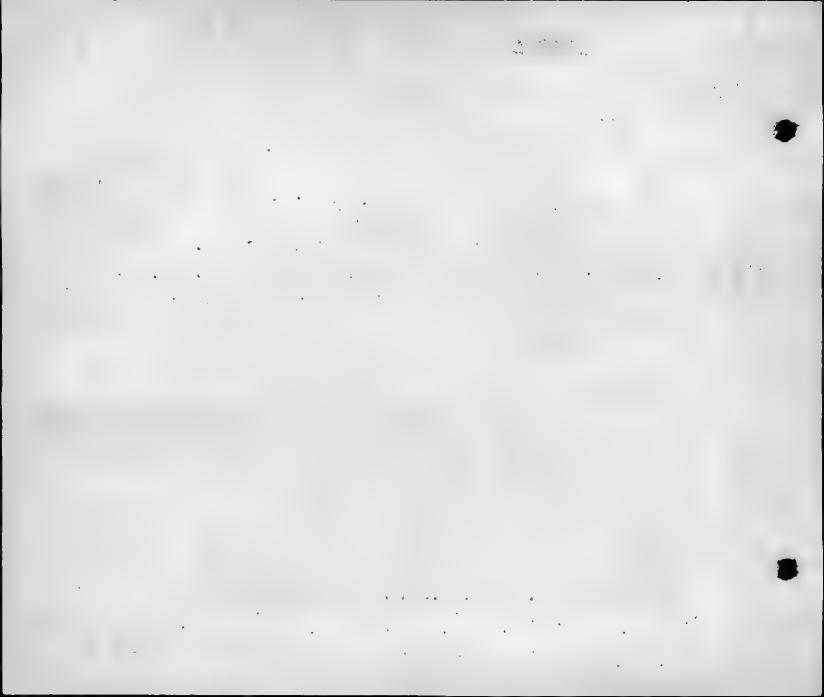
O FUNERAL Descriptions after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours ofter death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before adm ssion) e. COUNTY a. STATE b. COUNTY Baltimore f.165. MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) c. LENGTH OF STAY IN 16 LIFECTOR. for your write RURAL and give nearest town! Parkville Baltimore io d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State Ashford and Harwood 902 N. Central YES INO 3. NAME OF Middle DATE Yaar DECEASED and 3 to the 17. 59 (Type or print) ROLLINS DEATH WARREN December 19 hours after death. with 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE IIn yaers 11F UNDER 1 YEAR IF UNDER 24 HRS. may 1 last birthdey) Months Male WIDOWED [ 10a. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relirad) Construction Laborer pages 13. FATHER'S NAME PM3 MOTHER'S WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If Vesq | vawar or datasof service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] along transit ONSET AND DEATH IMMEDIATE CAUSE (*) Arteriosclerosis in pencil XXXXXX OVB. (b) Coronary insufficiency Conditions, if eny, which' gave rise to immediate cause 40 DUE TO (a), stating the undarlying 200 nsed cremation, PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 the word YES 😿 Medical NO pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. me certificate, writing forwarded to the Chief I, DIRECTOR: Page 3 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ) Month, Day, Year 20f. (City or town) (County) (Stala) factory, street, office bldg., etc.) While Not While Hour a.m. a! work at work 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection and in my opinion should be forwarded FUNERAL DIRECT Natural causes X Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY 12/18/59 EXAMINER'S William V Lovitt. Jr. M.D. NAME (Type) Address (Street, ely, town, or county) 22a. BURIAL CREMATION, 22b. NAME OF CEMETERY OR CREMATORY 22g LOCATION (City, lown, or country) (Stata) REMOVAL (Specify) 40 g REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VII. A15ME 5M 7/59



arthur & three

		13/2	7.9	CERTIF	ICAT	E OF DEATH			Reg. Dist.	No. 1	345h		
1, PLAC o. Co	CE OF DEATH OUNTY	Baltimore (	County	MARYLA	- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore County							
	ITY OR TOWN (I URAL and give no Parkvil	_	its, write	C LENGTH OF STAY IN	11.	e. CITY OR TOWN (IF as	ulside carparate lin	nits, write RUI					
d. NO.	IAME OF HOSPIT SPINSTITUTION SPI3 Edg	AL (If not in haspital, g	jive street o	ddress)	1	2913 Edgewoo	od Avenue	3		10	RESIDENCE I A FARM? I NO K		
3. NAA DECI (Type	ME OF EASED e ar print)	Mary	rst	Jane Middle	Roman	lasi	4. DATE OF DEATH	Month Dece		6th.,	1 <del>9</del> 59		
	S SEX Female    6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   Dec 16th., 1886   Never Married   Never Married   Dec 16th., 1886   Never Married   Never Ma								rs Min.				
10a US dui HC	SUAL OCCUPATION From Months of World OUSOWITE	ON (Give kind of wark long life, even if relired	dane 10b. K I) Ott	IND OF BUSINESS OR  HOME	Baltimore	or foreign country) Marylan	1		A.	AT COUNTR			
	her's NAME	chaffer				Anna David							
(Yes, no.		R IN U. S. ARMED FOR tilf yes, give wor or dotes of t None	(echica)	OCIAL SECURITY NO.		irs.Bernard Farace-2913 Edgewood Avenue							
c	PART I. DEA		hrull	gle e reb atterio	ro-	Cascular	: Thro	mbos	es.	INTERVAL ONSET AN	BETWEEN ND DEATH WES		
ly co	ove rise to in ouse (a), stating ring couse last.	the <u>under</u>	:)	age ONTERINITING TO DEAT	+ (	Liabetic	a bries	lary:	N IN PART I	(m) 19 Wa	S AUTOPSY		
FICATION		Mocke	rate	ly sever	ور)	1 1.1	merria	y Bu	eding	PER	FORMED?		
	CONTRIBUTING	AS LÉNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)		1/_		OF INJURY (blome, form,			-		(Sidie)		
WEDICA!	Hour a.m.	Y Manth Doy, Ye	While at work	Nat while_	factor	y, street affice bldg., etc.	200 (City di ta	vn)	(Co	uniy)	LSIG16)		
al AC	21. I certify that I attended the deceased from												
NA.	IYSICIAN'S AME (Type)	FRANK	CT.	KASIK	VR	BALT	0 14	/ /	Nd.		/ /		
Bus	URIAL, CREMATIC EMOVAL (Specify) FIAL	12-9-19		Holy Rede			Belair				ilate) L <b>d</b>		
23 Geo	NERAL DIRECTOR	s signature tuth, Inc1	735 H	ADDRESS Arford Aven	ue, Be	alto:Md BATE DE	BY REGISTRAR EC 1 1 '59	24b. REGIST	RAR'S SIGN				

may be reto by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Direction page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haust TO HOSPITAL

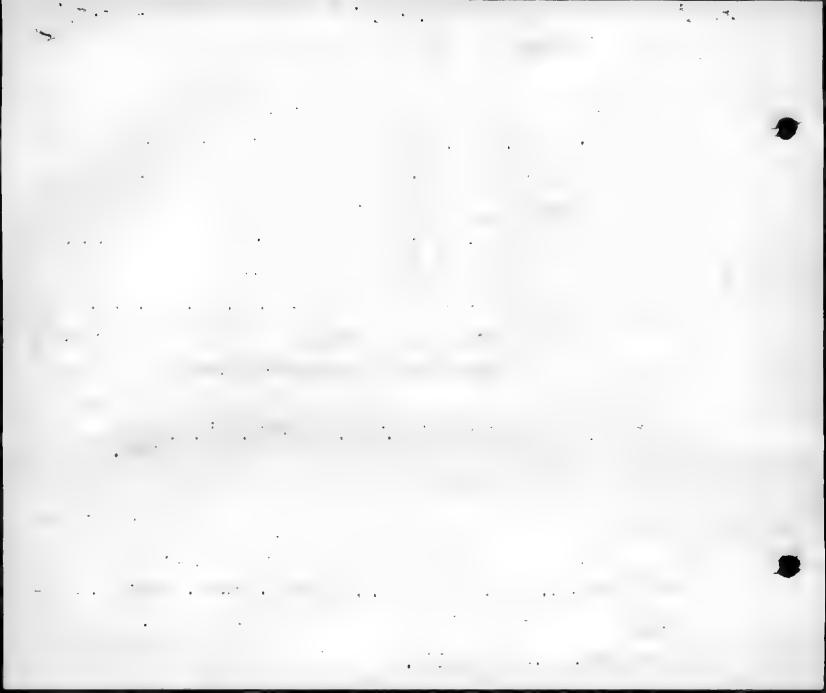
efter death. Page 4 e funeral director, San Paris

X

VS A15 (4) 15M 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18.



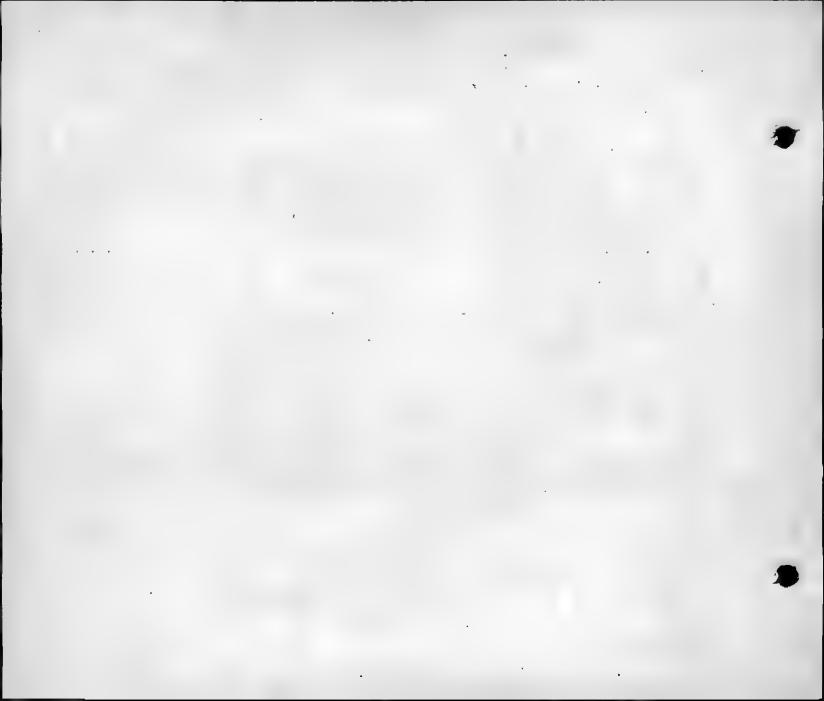
FOR STATE-HEALTH DEFT.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13458

		-0200					Reg.	Dist. No.			
	I, PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
1	e. county Ba	ltimore Co.		MARYLAND	Maryland b. COUNTY Baltimore Co.						
	b. CITY OR TOWN (II	autside corporate limits, writ	PURAL	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town)						
1	Middle R	. / _	20)		54Middle Ri	ver (Zone	20)				
ı	d. NAME OF HOSPIT			pital, give street address)	d STREET ADDRESS			e 15 RESIDENCE ON A FARM?			
	3 B West	way North			3 B Westw	ay North		YES NO D			
	3. NAME OF DECEASED	Fir	şt .	Middle	Last	4. DATE	Equip 1	Day Year			
	(Type or print)		pert	Luther	Rose	DEATH	December	1 1959			
ı	5. SEX	6. COLOR OR RACE	7. MARRIE	D 🖪 NEVER MARRIED 🔲 B	. DATE OF BIRTH	9. AG	birthday)	R TYEAR IF UNDER 24 HRS.			
1	Male	White	WIDOWEL	0	April 26, 1		2/ yrs.	Days Plours Milli			
		ON (Give kind of working life, even if relifed)	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CI	TIZEN OF WHAT COUNTRY			
	Tech. Eng	<u> </u>	Ma	rtin Company	Virginia			U.S.A.			
	13. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME					
	Virgil				Marie Dave	nport					
-	13. WAS DECEASED EV	ER IN U. S. ARMED FO (II yes, give wer or deles of	service)		NFORMANT		Address				
	No	No	[ 2	27-42-4622	Geneva Rose	Same					
		TH (Enter only one cou	se per line		1 2.5	Mal D	1541=	ONSET AND DEATH			
	O 2 / M	TH WAS CAUSED BY:  MMEDIATE CAUSE (6)	60	N Shoi W	DUNGE TA	CAZ. T	13774 -				
	776 X	DUE TO	P.	- 14 7	(P)		1				
	Conditions, if a		VI	gni ien	· phe - 11	PICIT TA					
	(a), stating the				′						
	couse lost.	(c		ALTRIBUTAGE TO SCATICAL TA	IOTORILITED TO THE TOOL	THE PROPERTY OF					
	PARY II. OTH	PER SIGNIFICANT CON	DIHOWS CC	NTRIBUT NG TO DEATH BUT N	OT RETATED TO THE TERM	INALDISEASE CON	DITION GIVEN IN PA	PERFORMED?  YES NO			
	20a. EXTERNAL CAL	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Per	Lif or Part 11 of iter	n 18.)				
		AIRIBUING E	Sho	T Self	in Rt.1	emble					
	20c. TIME OF INJUI	RY Month, Day Ye	1		CE OF INJURY (Home, form	20f. (City or to	nn) (C	ounty) (Stole)			
	Hour o.m.	10 Am. /19	White of we	Not while	aty lireet, office bldg., etc.	" Middl	e River K-	well Go. The			
	21. I certify th	nat I took charge	of the r	emains described abo	ve, held on Autops	y . Inspec	tion . Inqu	iry . and in my			
	opinion death	resulted from:	Voturol d	ouses 🔲, Accident [	, Suicide [[]-	Homicide [],	Undetermined	monner [			
		mas						DATE SIGNED			
	SIGNATURE_	0/00	avi	0	_ M D. CHIEF MEDICAL E	_		1 /			
	EXAMINER'S NAME (Type)	n.B. DA	VIS	MD	ASSISTANT MEDIC DEPUTY MEDICAL		12/	11/59=			
	220- BURIAL, CREMATIC	226. DATE THEREC	)F	124 NAME OF CEMETERY OR	CREMATORY	72d. LOCATION	(City, John, or county)	(Stote)			
	MOVAL (Specify)	112-3-1	937	Millare Wa	lace funcan	frees	vous 6	o WVa			
	23. FUNERAL DIRECTOR	5 SIGNATURE	al Bets	ADDRESS	240. 11	EC 3 '59	24b. REGISTRAR'S S	IGNATURE			
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	The state of	- 3-7 .	1:00 vastama Arr	DATE		Continue	d. / KAULA			

TO DEPUTY METAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the case, writing the word "menting" in pencil in Item, 18. Give Pinges 1, 2, and 3 to the functor 4 should be 17, worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57



## may be retained by the hospital or attending physician. TO FUNERAL DIACTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriof-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filed with the registrar prior to burial, cremation, ar remavol, and in any event within 72 hours offer death. M

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

TO HOSPITAL O

VS A15 (4) 15M 9/55

AARYLAND S	STATE DEPART	MENT OF HEALTH—BALTIMORE, 18

13333

CERTIFICATE OF DEATH

13459 Reg. Dist. No.

1-									110g. L	7151, 140.	
1.	PLACE OF DEATH O COUNTY	Baltimore		MARYL	- 11	- CTATE	ence (wh		If institution Reside	ence befor	,
	RURAL and give n	If outside corporate limi learest town) Idalk	ts, write	c LENGTH OF STAY I	N 1b		own (# o undal		nits, write RURAL onc	give nea	rest town)
	d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g									ON A FARM? YES NO K
3.	NAME OF DECEASED (Type or print)	fir IRENE		Middle MARY		ROSEL		4. DATE OF DEATH	Month	Day	Yepr 19 59
	sex Temale	% COLOR OF RACE	7 MARR	IED X NEVER MARRIES		DATE OF BIRTH		1902 567	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	R 1 YEAR	Hours Min.
10	during most of wor	ON (Give kind of work king life, even if refired	dane 10b	KIND OF BUSINESS OF	INDUSTR		vland		12 C	U.S.	F WHAT COUNTRY?
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME			
1	Jasep	h F. Traber	rt			Ba	rbara	Schreife	er		
13	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		er M. R	osel :	11 Pataps	Address SCO Ave. –	<b>-2</b> 2	
7	Conditions, if a gove rise to couse (a), staling lying couse lost.	the under-	, 4	pulma	। भ (	Cude	1- L	Bour		ui.	- 4yB
CERTIFICATION		AS UNDERLYING COM		1				Port I or Port II of i		(KT 1(0) 11	PERFORMED?
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		,, 0	TVX						
MEDICAL	20c. TIME OF INJU Hour o. m. p. m	RY Month, Day, Ye 19	or 20d. It While of worl	Not while	20e. PLACI foctor	E OF INJURY () y. street, effice	lome, form bldg., etc.	20f (City or tow	rn)	(County)	(Stote)
	21. I certify to	hat I attended the	deceas		1955 death o	ccurred at.	10 d		., 19.J. 9,that causes and on		
	ACTUAL SIGNATURE MD. 6800 MIRNINGTO MON - DATE SIGNED										
	PHYSICIAN'S NAME (Type)	M.B. D	AVI	3		Du	vdn	+ LK-7		W-1-1-1	12/3/27
L	BULLE T		)F	Sacred He			7		City, town, or county Lk, Md.	)	(Stote)
23 U	funeral director	r's SIGNATURE neral Home	2112	ADDRESS Dundalk Ave	e.,22			BY REGISTRAR	24b. REGISTRAR'S S		



13460

IS RESIDENCE ON A FARM? YES NO XX

59

Rea. Dist. No

~			191	04	CERTIFIC	LAI	E OF D	EAIH				Reg. D	ist. No		2.
M		PLACE OF DEATH o. COUNTY	ltimore	01	MARYLAN	ll.	a. STATE	ence (who			If institution Residence before admission COUNTY Baltimore				sign]
		b CITY OR TOWN (IF a RURAL and give near	autside carporate limi rest town)	ts, write	c LENGTH OF STAY IN	ь	c CITY OR TO		-	rate limit	s, write RU	JRAL and	give ne	arest town	n)
	L	Fort Ho			24 Days			Ltimo	re		21	1.	4		
<i>ŧ</i>		d. NAME OF HOSPITAL OR INSTITUTION Veterans			on Hospital		d STREET AD		nunt I	Road				e. IS RES ON A YES	A FA
	3.	NAME OF DECEASED	Fir		Middle		Last		4. DATE		Mant	h	Do	Dy	Year
		(Type or print)	VIC:	COR	(MMI)		RYBACKI	ľ.	OF DEATH	D	ECEMB	ER	10		19
	5.	SEX	6 COLOR OR RACE	7. MAR	RRIED NEVER MARRIED	] 8. D	ATE OF BIRTH			9 AGE	(In years irthday)			IF UND	ER 2
		Male	White	WIDOW		_	7/21/91	L		68	irthday) yrs	Manths	Days	Haurs	
,	10a	USUAL OCCUPATION	(Give kind of work of	lane 10b	. KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLA	CE (State a	r foreign co	ountry)		12 CITIZEN OF WHAT COU			
	C	ement Finis		(	Construction		I	Polano	i			1	U.S.	Α.	
	13.	FATHER'S NAME				1	4. MOTHER'S A	AAIDEN NA	<b>AME</b>						
		Wa	lter Rybac	ki			5	Sophia	R.	(u	nkno	wn)			
,	15.  Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.		RMANT			-	Addr				
	_	Yes	yes give wer or dates of s	2	18-09-8222 F	lin.	Records	,Vets	s.Adm.	. Hos	.Bal	to,M	d.Ft	. How	ıaı
		l .	•	use per l	line far (a), (b), and (c).]					-			ONSET AND DE		
			1 WAS CAUSED BY MMEDIATE CAUSE (a	) 1	PNEUMONITIS -									WEE	K
		231X	DUE TO												
		Canditions, if any			CVA								]	. MON	111
		gave rise to im cause (a), stating th													
	_	lying cause last.	} {c	}											
ri.	CATION	PART II. OTHE			CONTRIBUTING TO DEATH			THE TERMIN	IAL D SEASI	E CONDI	TION GIV	EN IN PAI	₹T 1(a) 1	9, WAS PERFC	AUT DRMI
184	FICA				ROTIC HEART D									YES [	N
	CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCCU	RRED. (E	inter nature at	injury in Po	art I ar Par	t II at ile	m 16-}				
	MEDICAL	20c. TIME OF INJURY Haur a.m.	Month, Day, Yea				OF INJURY (H		20f. (City	ar town			(County)		
	MEC	p. m.	17.6	While		,		, o.o.,	1						
		21 I certify tha	t/l attended the	decea	sed from Novembe	r 16	19.59,	ta De	cembe:	r 10,	1959,	hoobb	XXX06	XXXXXX	00
		20000000000	00000000000	CORS	XXXXX and that de	ath ac	curred at_2	2:45P	M, from	the ca	uses an	d an th	e date	stated	d a
			. (		2 An	0		A	DDRESS (St	reet, city	or lawn,	stote}		DAI	TE S
		SIGNATURE CA	winey.	1.1	ages 111.1	M.D.	VAH, BAI	TIMO	RE, MD	FOR'	L HOM	ARD	DIVI	SION	I
1		PHYSICIAN'S	U		00		**** ** *** ***	. mo 10	D 7100		F 4 TO FA		OT ON	7 70	/2 0
		NAME (Type)	WRENCE J.		ZEI, M.D.		VAH, BAI	rīo M	D.FOR	L HO	TARD	DTAT	2TOI	15/	T
	220	BURIAL, CREMATION REMOVAL (Specify)			22c NAME OF CEMETER	Y OR CE	REMATORY		22d. LOCAT					(Stat	te)
	_	Burial		59_	Holy Rosar	y Ce					timor				
		FUNERAL DIRECTOR'S			1808 Eastern Baltimore, M	Ave	nue		BY REGIST	1	46. REGIS				
	I	Michael Sad	lowski		Baltimore, M	aryl	and	DATELEC	1 4 '59		CUMU	wet \$.	/ inaid		

AGE (In years last_birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs 12 CITIZEN OF WHAT COUNTRY? foreign country) U.S.A. ME (unknown) Address .Adm. Hosp. Balto, Md. Ft. Howard Div INTERVAL BETWEEN ONSET AND DEATH I MONTH ALD SEASE CONDITION GIVEN IN PART 1(g) 19. PERFORMED? YES NO XX art I ar Part II af item 18.) 20f. (City or town) (State) (County) cember 10, 1959, thoo base as a series as A, from the causes and an the date stated above. **DATE SIGNED** DDRESS (Street, city or tawn, state) RE.MD.FORT HOWARD DIVISION O.FORT HOWARD DIVISION 12/10/59 2d. LOCATION (City, lawn, or county) (State) Baltimore. Maryland 24b. REGISTRAR'S SIGNATURE BY REGISTRAR anthun S. Kraus DATE EC 1 4 '59

ENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth ottenting physicion page 3 should be detached for use as the burial-transit moy be retoin the the TO HUNERAL DIRECTOR:

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) e. COUNTY files Heoliff, MARYLAND b. CITY OR TOWN ( Faulside corpora e unils, write RURA. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negreal town) ų, IMONIUM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) **B. STREET ADDRESS** IS RES DENCE ON A FARM YES NO X ö 3. NAME OF First Middle DATE Loui Month Yeor DECEASED OF Type or print) DEATH IF UNDER TYEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9 AGE (In years 8 DATE OF BIRTH IF UNDER 24 HRS last purhday) Months Doys Hours M'n WIDOWED [" DIVORCED [ 4/1 411 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SUPERINTENDEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 116 SOCIAL SECURITY NO 17 INFORMANT Address É 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate couse DUE TO (o), staling the underlying cours lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (p) 19. WAS AUTOPSY PERFORMED? NOF 20a. EXTERNAL CAUSE WAS
PRIMARY ☐ or CONTRIBUTING ☐
CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Fort II of item 18) pino 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, i 20f (City or lown) (County) (Stote) factory, street, office bldg., etc.] Hour While Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy ], Inspection -Inquiry and in my apinion death resolted Hom: Natural causes 1-Accident . Suicide . Hamicide . Undetermined manner 0 ACTUAL SIGNATURE **DATE SIGNED** CHIEF MEDICAL EXAMINER FUNERAL **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. SURIAL, CREMATION. 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 **ADDRESS** 24a. REC'D BY REGISTRAR *EUNERAL DIRECTOR'S SIGNATURE* 

VS A15ME 5M 2/57





**CERTIFICATE OF DEATH** 

	Reg. Dist. No.
1. PLACE OF DEATH COUNTY Baltemere MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and live peorest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3501 Ever brooke Rd.	d STREET ADDRESS, 3501 Cherthrook Ad. e 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Morris F. Scheric	Last 4. DATE Month Day Yeor OF DEATH 12 2-8 1955
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (Invited in the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the lit
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no. or untrighted) (If yes give war or dates of service)	Miscah De Aleufia - France
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	J Liens Interval Between onset and Death
163 X DUE TO	6
gave rise to immediate cause (a), stating the <u>under-</u>	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AJTOPSY PERFORMED? YES 1 NO 1
	ED. (Enter nature of injury in Part I ar Part II of item 18.)
	LACE OF INJURY (Hame, farm, 20f (City ar town) (County) (State) ctary, street, affice bldg., etc.)
21. I certify that I attended the deceased from	195 /ta 17/16/57, 19_, that I last saw the deceased
alive an 19 5 grid that death	ADDRESS (Street, city or town, state)  DATE SIGNED
PHYSICIAN'S M. S. Shiling My.	D. Balto 17, ma
220. BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY CO. 12/30/59	OR CREMATORY 22d, LOCATION (City, town, or county) (Starte)
23 FYNERAL DIRECTOR'S SIGNATURE ADDRESS # 1134-2	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAMN 6 '60 Culling & Thomas
	D. J. Maria

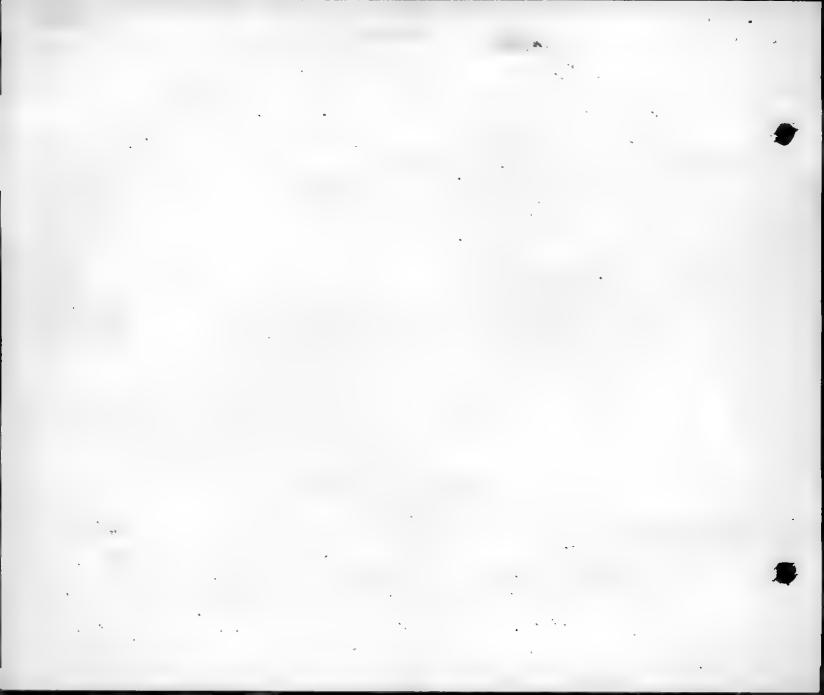
may be reta T. by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 Mouts offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havy

death. Page 4

14

VS A15 (4) 15M 9/58

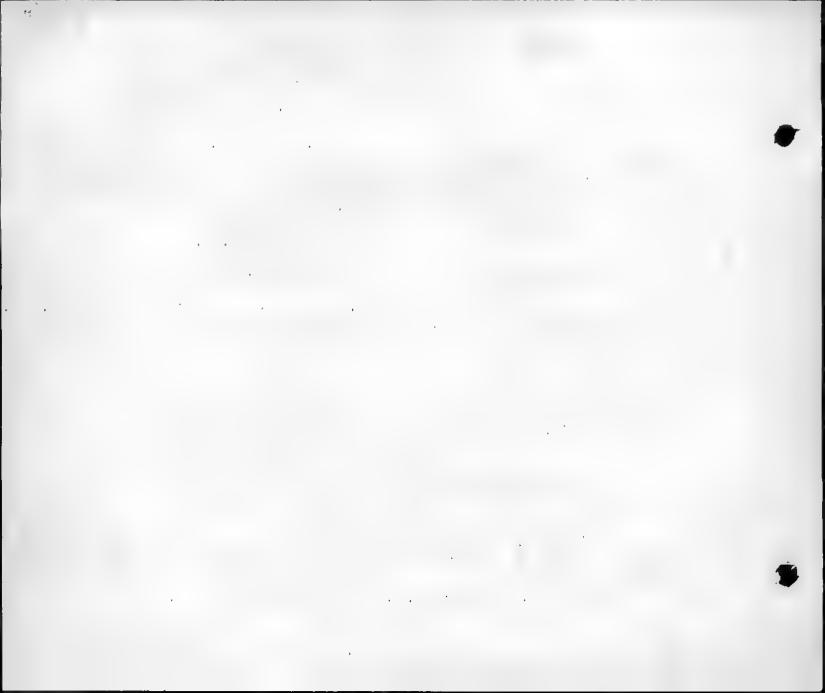


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L		13486		C	EKIIFIC	AIE OF	DEATI	1		Reg. Di	st. No.		
1.	PLACE OF DEATH COUNTY Ba	ltimore			MARYLAND	o. STATE	sidence (Wi	_	d lived. If instit b. COUN		ce before	admissio	n) 🍆
	b. CITY OR TOWN (IF	outside corporate fimi	ts, write	c LENGTH	OF STAY IN 16	c. CITY O	R TOWN (If	outside corpo	orate limits, write	RURAL and	give neare	est town)	
	RURAL ond give ned	nsville				E	altim	ore		- V-	*		
	d. NAME OF HOSPITA	AL (If nat in haspital, g	ive street	address)		d. STREE	ADDRESS				e.	IS RESID	ENCE
		mit Nursi	ng_H	ome		201 1	L. Nor	th Av	re.			YES 🗍	
3.	NAME OF DECEASED	Fir	st		Middle		.ost	4. DATE	h.	lonth	Day	Ye	or
	(Type or print)	ELIZABE	CTH	BOD	INE S	CHMID'	r	OF DEATH	Dece:	mber	28	15	59
5.	SEX	6. COLOR OR RACE	7. MAR	RIED   NEVE	R MARRIED	8, DATE OF BI	RTH		9. AGE (in year	rs IF UNDER			
F	`emale	White	WIDOW	ED 📉	DIVORCED 🔲	Feb. 1	9, 187	72	last birthdo)	Months rs.	Days	Hours	Min
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	At home		· _			Wa	shingt	on, D	. C.	Ţ	JSA		
13.	FATHER'S NAME					14. MOTHE	S MAIDEN	NAME					
		William Bo				E	ugenia	E. W	atkins				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES7 16.	SOCIAL SECU	IRITY NO.	INFORMANT			A	ddress			
	No			None	N	Ars. Mi	nnie_F	Iumph	ries-31	24 H	war	d Pl	r.A.
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ine for (o), (b),	and (c).]	,	. 1/	1 /		1		VAL BETY	WEEN
	PART I DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	6	Tehe	re/122	1 F	trTz	rio Sc	2rosi	-1	HANDE	, CRIII
	4 1 1	DUE TO		9	3-6-16	,	-						
	Conditions, if on	ıv. which )											
	gove rise to in	nmediate (									+		
	couse (a), stating t lying couse last.	he <u>under-</u>	ì										
CERTIFICATION	PART II. OTH	OCICENT		CONTRIBUT N	G TO DEATH BE	RICENT	TO THE TERM	INAL DIŞEAS	SE CONDITION (	GIVEN IN PAR		WAS AL PERFOR	MED?
J.H.	20g. ACCIDENT WAS			CRIBE HOW I		RED. (Enter noture	of injury in	Part Lor Poi	rt II of item 18.1				поп
CERT	LOR CONTRIBUTING	CAUSE OF DEATH				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	20c. TIME OF INJURY		pr 120d. I	NJURY OCCU	RRED 20e.	PLACE OF INJUR	í íHome, forn	n. 20f. (Cit	v or tawn)	((	County)		(Stote)
MEDICAL	Hour o.m.	19	While of wa	Not whi	ile	octory, street, af	ice bldg., ato	-)	1	,	,,,		,,
≥	p. m.				TAN	r/	8	12/2	0/59				
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	alive an	al-4-110	7 19_	, ar	nd that deal	th accurred	your		the causes treet, city or lov		date s		abave. SIGNED
	ACTUAL SIGNATURE	0/41	my	Pho	7	_M.D	303	Fr	derick	Rd(8	8)	12/0	29/1
	PHYSICIAN'S NAME (Type)	William E	. Mc	Grath,	M.D.	13	303 Fr	ederi	ck_Ave	_ 28_			
220	BURIAL, CREMATION					OR CREMATORY		22d. LOCA	TION (City, tow	n, ar county)		(Stote)	
	REMOVAL (Specify) Burial	12/30/1	959	Mou	nt Olive	et Ceme			timore	Ma	aryla	ınd	
23,	FUNERAL DIRECTOR'S	SIGNATURE ACOS	t-46	OO TORE	ss erty He	hts. Av	240, REC	C 3 0	TRAR 24b. RE	GISTRAR'S SIG			
1 /		1 1 1 4			1 11	D	DATE	400		Irilian S.	/ Usauna	*	

TO HOSPITAL CATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs for death. Page 4 may be referred by the haspital an attention physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with the registrar prior to buriol, crematian, or removal, and in ony event within 72 hours often death. VII A15 (4) 15M 9/58



ON A FARM?

Year

19.0

(State)

DATE SIGNED

(State)

13487 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Vaulside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO DATE OF DEATH NAME OF DECEASED (Type or print) 9, AGB (In years last birthday) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTE IF UNDER I YEAR IF UNDER 24 HRS Manths Days WIDOWED [ DIVORCED | USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Canditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED State nature of injury in Part I or Part I of item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) factory, street, affice bldg, etc.) While Nat while at wark 4.19.5 . Wat I last saw the deceased 21. I certify that I attended the deceased fram ta and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city at tawn, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City town, or county) SVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b, REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE arthur S. Kraus

burnal-transit PEUNERAL DIRECTOR: A FUNERAL DIRECTOR: A Manager 3 shauld be detach 0 VS A15 (4) 1SM 9/SB

director

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LAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

requires that the death certificate

VS A15 (4) 15M 10/57



Schimunek Funeral Home -3331 Brehms Lane

Yeor

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(State)

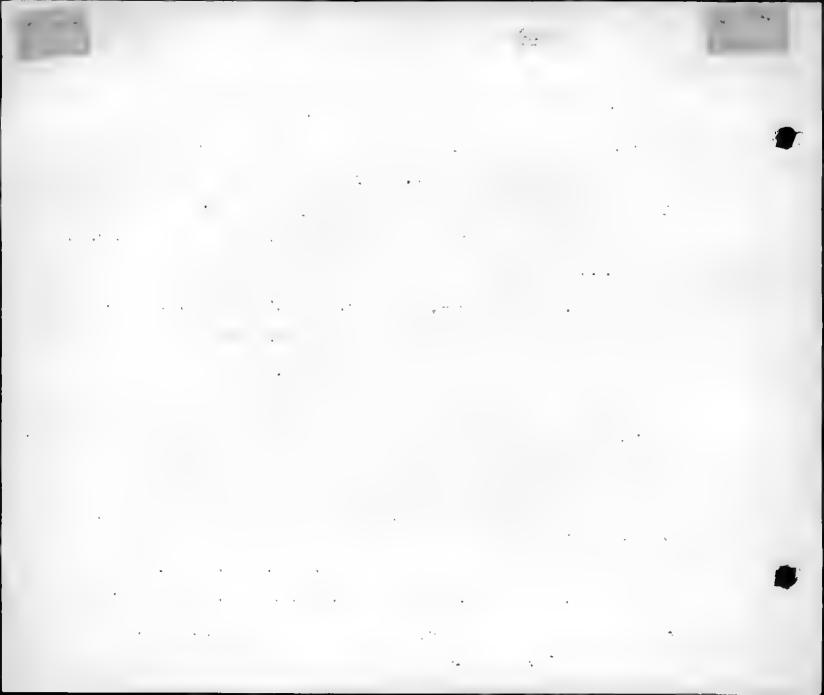
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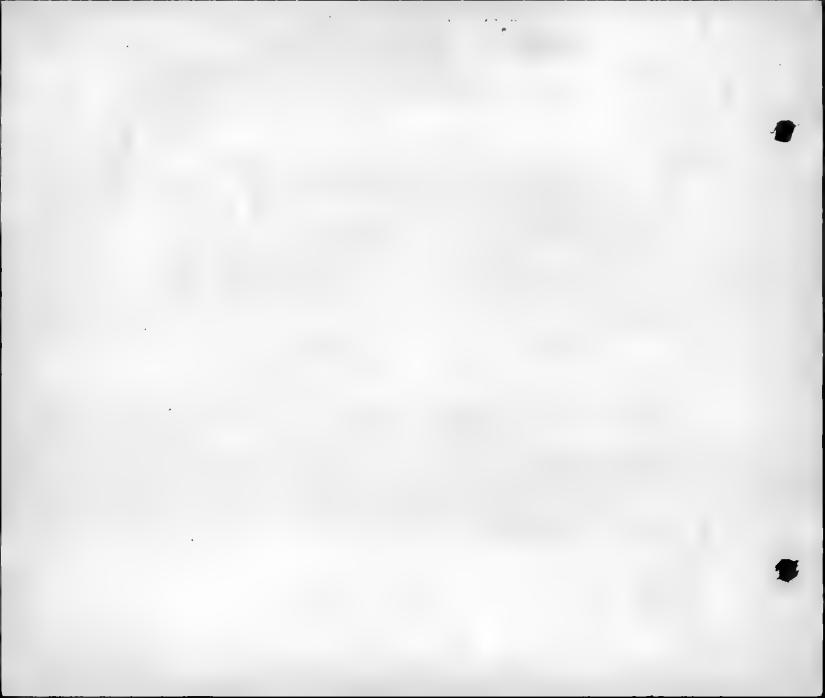
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3	X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	-(1)	33490 CERTIFICATE OF DEATH  Reg. Dist. No. 13468
. rage . I directar filed with		1. PLACE OF DEATH O COUNTY  O COUNTY  O MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) D. STATE  D. COUNTY  D. STATE  D. COUNTY  D. COUNTY  D. STATE  D. COUNTY  D
E G	(M	b. CITY OR TOWN (If auts'de carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  S Towletch BALTING Che 12 Md
s should	×	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?
ad in b		3 NAME OF DECEASED A LOST A DATE OF Month Day Year
refy fill.		(Type or print)    DEATH   DEATH   DEATH   19 5 7
cample cample	÷,	WIDOWED DIVORCED 77 yrs.  10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY during lifes even if retired)
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	hours	JAMUS Eppley  15. WAS DECLASED EVER IN U. S. ARAED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  17 INFORMANT  17 INFORMANT  18 po for unincoun)  18 printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing of the printing o
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ne law physic has bee rial-tra	מסאם.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO) RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO) RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO) RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO) RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
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of or of this cert	emotion Total	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. While Not while of wark at work at work 20e. PLACE OF INJURY (Home, farm, 20f. (Csty or town) (County) (State)
haspil After ched fa	ים , וסויי	21. I certify that I attended the deceased from 7 11 19 1, to Mark 1 19 1, that I last saw the decease alive on 12 1, 19 1, and that death occurred at 12 1 M. from the causes and an the date stated above
in the deta	ig c Q	ADDRESS (Street, city or lown, state)  ACTUAL SIGNATURE  IGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE
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HOSP Tay be FUNE age 3	6 G	200. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Signs) 2018.2 12 12 12 12 12 12 12 12 12 12 12 12 12
VS A15 (4)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
15M 10/57		Stern 7. Deg 2009 10 R18 120 DATE DEC 14:59 OALIN & Kraus



may be retain 10 VS A15 (4) 15M 9/S8

he

ON A FARM? YES NO 🔝 Year Day December 25. 59 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Mrs. Madeline S. Mead. 3500 Louth Road-22 INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO P (County) (Stote) Zthot I lost saw the deceosed and that death accurred at 9.25 f.M. from the causes and on the date stated obove. DATE SIGNED 2-26-59 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Peekskill, N.Y. Hillside Coetery Buria. 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR DATEDEC 3 U 59 Cirthun S. Thank Ullrich Funeral Home 2112 Dundalk Ave.

Baltimore

e. IS RESIDENCE



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	e attending physicion and campletely filled in by me funeral director	rs. Pages 1 and 2 should be filed with	-
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	Te	置	nt within 72 hour
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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by age 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offereath.

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× I	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
31	CERTIFICATE OF DEATH

13470

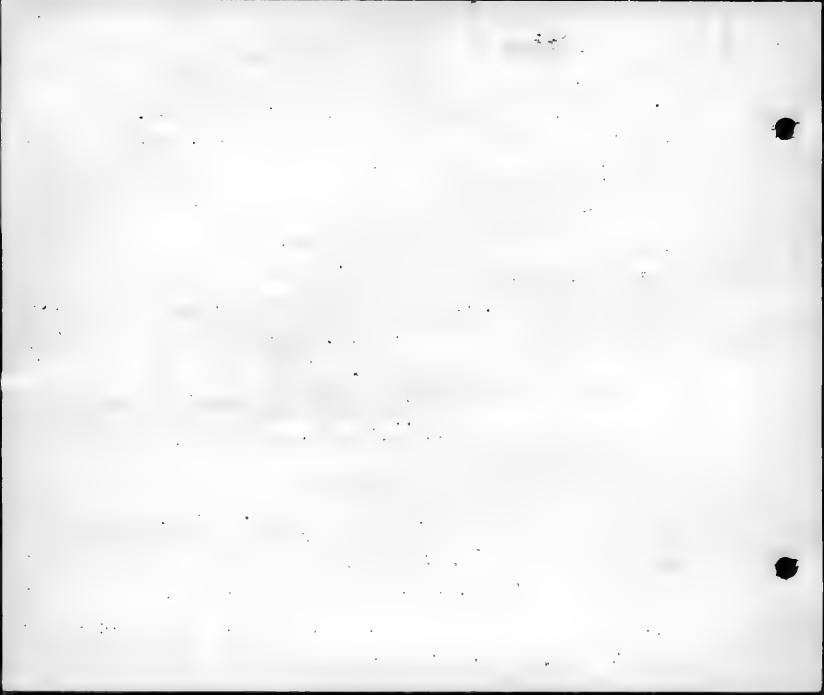
				Ke	ig. Dist. No.
PLACE OF DEATH     O. COUNTY			2. USUAL RESIDENCE (W)	nere deceosed lived. If institution, I	Residence before admission)
Bal	Ltimore	MARYLAND	o. STATE Maryla	nd b. COUNTY	Balton
<ul> <li>b. CITY OR TOWN (If our RURAL and give neares</li> </ul>	tside corporate limits, write	c. LENGTH OF STAY IN 16	X c. CITY OR TOWN (IF	outside corporate limits, write RURA	L and give nearest town)
Owings			Owings Mill:	5	
OR INSTITUTION	lf not in hospitol, give street of Reisterstown R		/ 11420 Reist	erstown Road	o. IS RESIDENCE ON A FARM? YES NO
3 NAME OF	First	Middle	Last	4. DATE Month	
DECEA SED (Type or print)		C. W.	SEIM	OF DEATH Dec. 1	
5. SEX 6.	COLOR OR RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH	111 111 111 111 111 111	UNDER 1 YEAR IF UNDER 24 HRS
Female	White WIDOWE	D XX DIVORCED [	Oct. 30, 187	+ 85 yrs. ""	mins poys hours min.
10o. USUAL OCCUPATION ( during most of working	Give kind of work done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	ine, even in remed		Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Frederick Web	renberg		Minnie Sucl	hting	
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Address	
No (If yes	s, give wor or dates of service)	None M	r. J. Fred Ni	ngard-11420 Reis	terstown Road
18. CAUSE OF DEATH	Enter only one couse per lin	e for (o), (b), and (c).]	1 1	•	INTERVAL BETWEEN
PART I, DEATH Y	WAS CAUSED BY:	Bromered	7 Lambe	a light	ONSET AND DEATH
4:	MEDIATE CAUSE (o)	0 90 190.00	770011	- Comment	S. J. J. Marine
		1+-	t .	/	· ):
Conditions, if any,	ediate	vin mischer	4010		left The Dan
couse (o), stoting the	under- DUE TO				- //
lying cause lost.	) (c)	0.175.61.51.0.50.051.51.61.			
PART II. OTHER S  200. ACCIDENT WAS UI OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	SIGNIFICANT CONDITIONS C	ON RIBUTING TO DEATH BU	I NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port 1 or Port I, of item 18.)	
ZOc. TIME OF INJURY /	Month, Doy, Year 20d IN	JURY OCCURRED 20e. P	ACE OF INJURY (Home, form	20f. (City or town)	(County) (State
Hour o.m.	19 While	TAGE ALLIE	octory, street, office bldg., etc	7	
		37	60 19: 9 ta Q	1. 10/54	
10	attended the decease	01	man and the same and the same	at a second	t I last saw the deceased
alive on_ />		, and that deat	accurred all LL TOM	M, fram the causes and a	
ACTUAL SIGNATURE	Les Me	In wilcams	MD Kenteart	ADDRESS (Street, city of town, stote	1 Dec 18 175
PHYSICIAN'S NAME (Type)				, ,	
	22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or co	ounty) (Stote)
Burial (Specify)	12/21/59	St. Paul's C		Violetville, M	17
23. FUNERAL DIRECTOR'S SIG	GNATURE Y FAM	ADDRESS Day			R'S SIGNATURE
CIII Y II NOS	13a	ofr 1) /18d	DATE DI	EC 21 '59 Cini	



to be retoin by the hospital or attending physicic FUNERAL DIRECTOR: After this certificate has been age 3 should be detached for use as the burial-trans

VS A15 (4)

19.5 that I last saw the deceased 21. I certify that attended the deceased fram alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S, SIGNATURE



CERTIFICATE OF DEATH

13472

13493				Reg. Dist.	110.	
1. PLACE OF DEATH a COUNTY Baltimore	MARYLAND 2.	usual residence (Who o. STATE Maryland	b COUNTY		before admiss	ion)
RURAL and give negrest town)	OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R	-	nearest town	1)
Fort Howard 4 Day	rs	Baltimore	3 V	21-4		
d NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION		d STREET ADDRESS				FARM?
Veterans Administration Hospita	1 1	7004 Mari	etta Avenue		YES	NO 🗽
NAME OF First	Middle	Lost	4. DATE Mor	_		Year
217071		ENANES		mber		19 59
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER  Male White WIDOWED □ D		ate of Birth eptember 27	, 1888 9. AGE (In yeors light birthdoy) 71 yrs.	Months Do	$\rightarrow$	Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSI	INESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT	OUNTRY
Proprietor-Owner Lunch Ro	om	Greece		U.	S. A.	
3. FATHER'S NAME	14	4. MOTHER'S MAIDEN N	AME			
Paul Senanes		Helen Fator	rea			
55. WAS DECEASED EVER IN U. S. ARMED FORCES? 36. SOCIAL SECUI	RITY NO. INFO	RMANT	Add	ress		
(Ve) no, or unknown)   Iff yes, give wor or dates of service)   213-09-	4335 Cli	n.Rec.VAH, E	altimore 18,Ma	.Ft.Ho	ward D	ivis
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b),	and (c) ]		-	1.	INTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: PULMONARY	AND EMA				NSET AND	_
422.1 DUE TO						A, N
	LEROTIC CA	RDIOVASCULA	R DISEASE		UNKNO	WN
gave rise to immediate (						
couse (o), storing the under   DUE TO   lying couse lost.   CEREBRAL 1	THROMBOSIS				RECEN	T
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1	al 19 WAS .	AUTOPSY
DIABETES MELLITUS- Duration Un	ıknown					RMED?
DIABETES MELLTUS - Duration Un  200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR	JURY OCCURRED (E	inter nature of injury in P	ort I or Port II of item 18.)			
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCUR Hour o. m  yhile Not while of work of work	fa atam.	OF INJURY (Hame, farm, , street, office bidg , etc.	20f. (City or town)	(Coul	nty)	(State
21. I certify thotal attended the deceased from 1	Jovember 2	8 1959 to De	cember 2 159	tKXtXXXXX	XXXXXX	XXXX
			M, from the couses an			
	Si.		ADDRESS (Street, city or town,			E SIGNE
SIGNATURE To fin a. your for	M.D.	VAH.BALTO.	18, MD, FT, HOWAF	ED DIVI	STON 1	2/2/
2	1	22223		764 - 6436 1 JA	3'-16 3'-11	prof- prof-
PHYSICIAN'S JOHN W. CRAWFORD, M.D.		VAH BALTO.1	8, MD, FT, HOWARI	DIVIS	ION 12	/2/5
22c. NAME (	OF CEMETERY OR CR		22d. LOCATION (City, town,		(Stot	e)
REMOVAL (Specify) Ruminal 12-7-59 Balti	more Nati	onel Cem	Baltimore Ma	د مد ادسد		
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			BY REGISTRAR 246. REGI	stracks sign	ATURE	
Wm.Cook-Blight Inc 6000 Hanford	Pd Polto	MA DATE DE	C 4 '59 C	ithing of H	1044	

may be retained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having

er death. Page 4

TO HOSPITAL VS A15 (4) 15M 9/5B



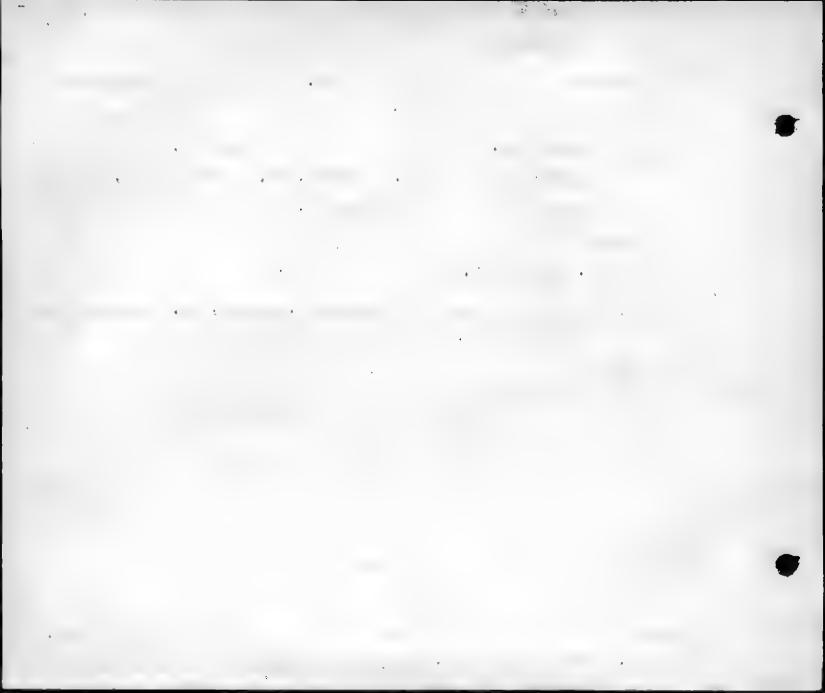
B.		<b>エロエ</b> り	7					Keg. Dist. N	10.
ĩ	PLACE OF DEATH				2. USUAL RESIDENCE	E (Where decease		on- Residence be	efare admission)
	Balti	more		MARYLAND	Md.		b. COUNTY	Baltis	mo ra
1	b. CITY OR TOWN (If RURAL and give need	autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If autside carpo	orate limits, write RI	JRAL and give a	nearest town)
	Rider	wood		7 yrs.	X Ride	rwood			
	d NAME OF HOSPITA OR INSTITUTION	LL (If not in haspital, g	ive street	oddress}	d. STREET ADDR	ESS .			e IS RESIDENCE ON A FARM?
L	and the second	Bellona A	lve.		821.2	Bellon	A AVE.		YES NO
3.	NAME OF DECEASED	Fir		Middle	last	4. DATE	Man	th	Day Year
	(Type or print)	Josen	oh	N.	Sewell.	Jr DEATH	Decemb	or 3.	19 59
5.	SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS
	Male	White	WIDOW	ED DIVORCED	March 5,	1950	last birthday) 9 yrs.	Months Day	s Hours Min.
10	a. USUAL OCCUPATIO	N (Give kind af wark o ng life, even if retired	done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State ar fareign c	country)	12. CITIZEN	OF WHAT COUNTRY
	Stud		'		Maryl	an d		US.	A
13	, FATHER'S NAME	WALU.	-		14. MOTHER'S MAI				1.0
$\star$	Joseph	N. Sewel	11,	Sr.	Rose	Cox			
13				SOCIAL SECURITY NO.	INFORMANT		Addi	ess	
ľ	No (i	f yes, give war or dates of s	ecarce)		Joseph N	-Sewel	7 52	(Above	1
		TH [Enter anly one co	use per li	ne far (a), (b), and (c).]	oosopii n	+ _OONGI	1,31,6	11	TERVAL BETWEEN
		H WAS CAUSED BY:	(	on acotas	ie Loan	J Fa	aluse	0	NSET AND DEATH
	.3	IMMEDIATE CAUSE (a DUE TO			0		00-00		5 6
	Canditions, if an			lis anic-	Down	chese	neum	mia	Swis
	gove rise to in	mediate (		- 1	· -	1)	0		0 - 14
	cause (a), stating t	he <u>under</u>	1	Morrowstro	Disease	a of #	ancreas		Buth
Z			,	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY
¥.			_			U			PERFORMED?
CERTIFICATION	20a ACCIDENT WAS	UNDERLYING []	20b. DES	CRIBE HOW INJURY OCCURRI	ED (Enter noture of inju	ury in Part I or Pai	rt II af item 18.)		
ä	OR CONTRIBUTING	MEDICAL EXAMINER)							
A	20c. TIME OF INJURY	Month, Day, Yes	ar 20d, II	NJURY OCCURRED 20e. P	LACE OF INJURY (Home	s, form, 20f. (Cit	y ar tawn)	(Count	ty) (State
MEDICAL	Hour a.m.	19	While at war	- 1401 WILLIE	actory, street, affice bld	g., etc.)			
1		at I attended the			1 10 55 6	12,/3	1059	45-4-1 J-44 A	aw the decease
	1	'>	ueceas		19.5., to	2			
	alive an		, , 122	, and that'deat	n accurred at 4.		tne causes and Street, city acrtawn,		DATE SIGNE
	ACTUAL \	01	. 0 .	MARIANA	/ > -	9- 1	1 Cha	1 160 .	1
	SIGNATURE	1 /	1	( 10.00010 )	M.D. ,6		<u>v.</u> (		2/-,-=
	PHYSICIAN'S NAME (Type)	M. A.	NI	ERMANN		allin	wil	12,1	ud
22	o. BURIAL, CREMATION REMOVAL (Specify)	, 226 DATE THEREC	F	22c. NAME OF CEMETERY (	OR CREMATORY	22d. LOCA	TION (City, town, o	r county)	(State)
	Burial	12-7-5	9	Parkwood		Pa	rkville		Md.
23	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	240	, REC'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNAT	TURE
1	Henry W.	Jenkins &	Soi	ns Co. 4905	York Rdoa	DEC 7 'S	59 (1)	thun 8. Th	eura
				521	mor e 17	Ulter			

may be retain the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, poge 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. requires that the death certificate be executed within \$4 haurs TO HOSPITAL O

VS A15 (4) 15M 9/5B

death. Page 4



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VS A15 (4)

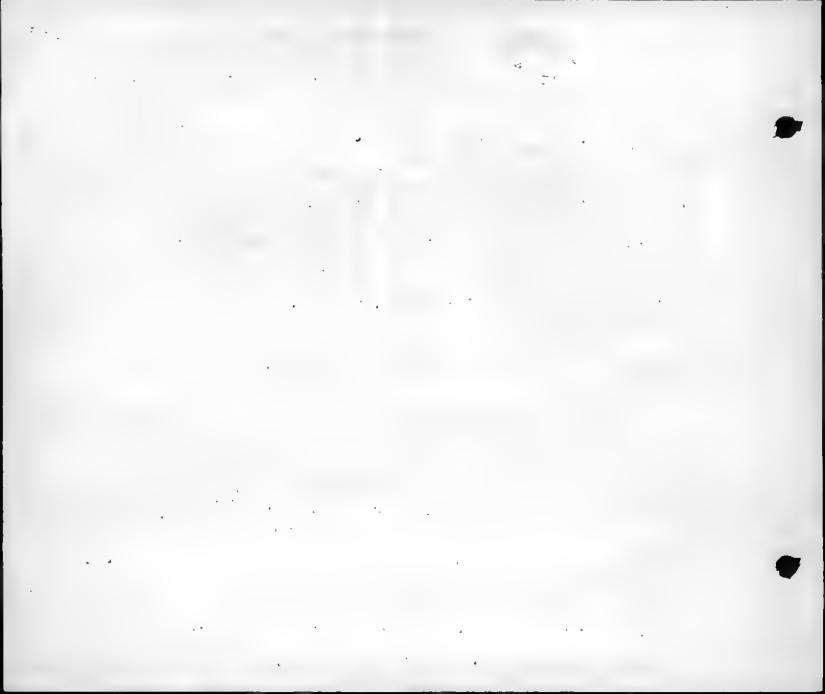
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND JALTIMORE BALTIMORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give negrest town) YEARS ESSEX ESSEX d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 913 ESSEX AVE #21 OR INSTITUTION ON A FARM? YES NO TO 913 医内内区外 NAME OF 4. DATE Middle Year DECEASED DEATH (Type or print) -HARLES HAFFER DEC 26 1959 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthdoy) Months SEPT 5, 1887 WHITE DIVORCED | MALE WIDOWED [7] 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar foreign country) during mast of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? BETHLEM. STEEL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FEORGE B -YDIA KOOUTZ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address MR3 CHARLS SHAFFER. 913 ESGEX AVE  $W_1W$ 1B. CAUSE OF DEATH [Enfer only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Ocalumon PART I. DEATH WAS CAUSED BY: Cormany IMMEDIATE CAUSE (a) 420. Hypertonguis arterio, Destro Hant His one DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. [City or tawn) Day, Year 20d INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o.m. Not while at work at work p. m. 21. I certify that I ottended the deceased from ___, and that death occurred at 3: CDA M, from the causes and on the date stated above. Pac . 26, 19,55 ADDRESS (Street, city or town, stote) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) WUEL 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) SEVEN DEC 29, 1959 PROSPECT CEM. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 74-01 BELAIR ROAD DATE DEC 2 9 '59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13497

## **CERTIFICATE OF DEATH**

13476

┖	19721	CERTITIO	DAIL OF DEATH		Reg. Dist. No.		
1.	o. COUNTY Baltimore	County MARYLAN	o STATE	ere deceased lived. If institution by COUNTY	Baltimore		
	b. CITY OR TOWN (If outside corporate limits, RURAL and give negres) town) RURAL HYGE		c. city or town (if o	otside corporate limits, write Rt Hyde	JRAL and give nearest tawn)		
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION  Merryland Farms=	e street address) -Hyde , Md ,	d. street adoress Merryla	nd Farms-Hyd	e, 1/1d o. IS RESIDENCE ON A FARM? YES [7]. NO [		
	NAME OF DECEASED (Type or print) Daniel (Danny	Middle  O.C.e	tost Shea	4. DATE Mont OF DEATH Dec	b Doy Year ember 15 1959		
	Male White w	7- MARRIED NEVER MARRIED NIDOWED DIVORCED	Feb. 17,189	7 last birthdoy) 62 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.		
-	USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) OF SE Breeder	Horse Breedi			12. CITIZEN OF WHAT COUNTRY? USA		
Ĺ	James E. Shea			Connell			
15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCE Yes WW Land WW L	ucal.	. INFORMANT Lizabeth W.	Addr Shea-Merryla	and Farms, Hyde,		
CERTIFICATION	IB. CAUSE OF DEATH [Enter only one cause or line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ONSET AND DEATH  DUE TO  Lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES [7]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES [7] NO [X]						
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCUP	IRED. (Enter noture of injury in P	ari I ar Part II af item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a. m. p. m. 19	20d, INJURY OCCURRED   20e   While   Not while   of work   at work	PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.	20f (City or town)	(Caunty) (State)		
	21. I certify that I attended the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of the dalive of	19.5-9, and that dec			.,that I last saw the deceased nd on the date stated above.  DATE SIGNED  12-15-59		
220	Burial, CREMATION, 276. DATE THEREOF REMOVAL (Specify) 12/18/59	St. John's		22d. LOCATION (City, town, o Long Green I			
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE		
W	m Cook-Towson, Inc	. 1050 York Rd	L. Towsorparener	17'59 0.5	1 - 9 - 45		
			4,Md.				

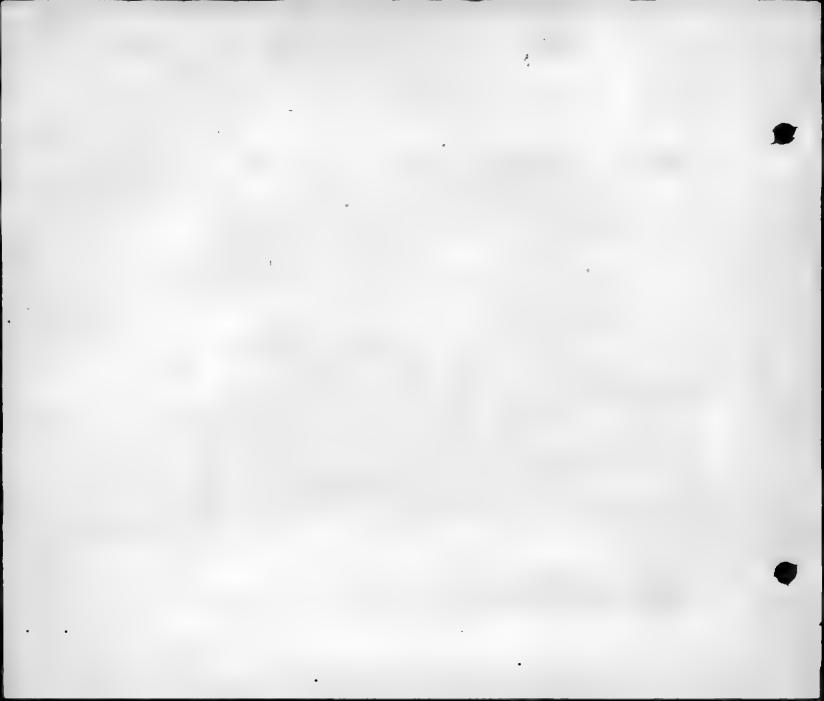
TO HISPHIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained. The hospital or attending physician.

TO FUNERAL TOOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be netached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hour, after death.

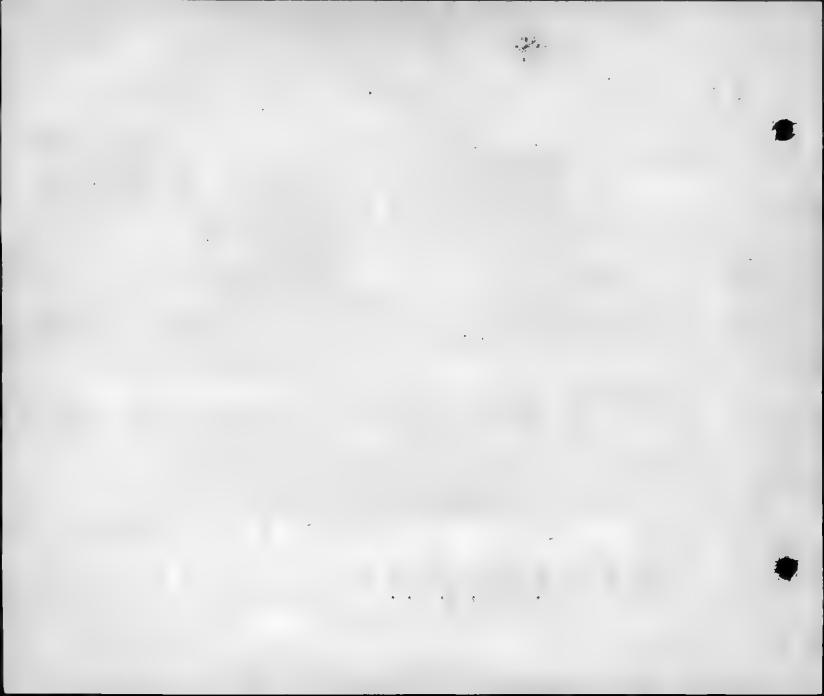
e funeral director,

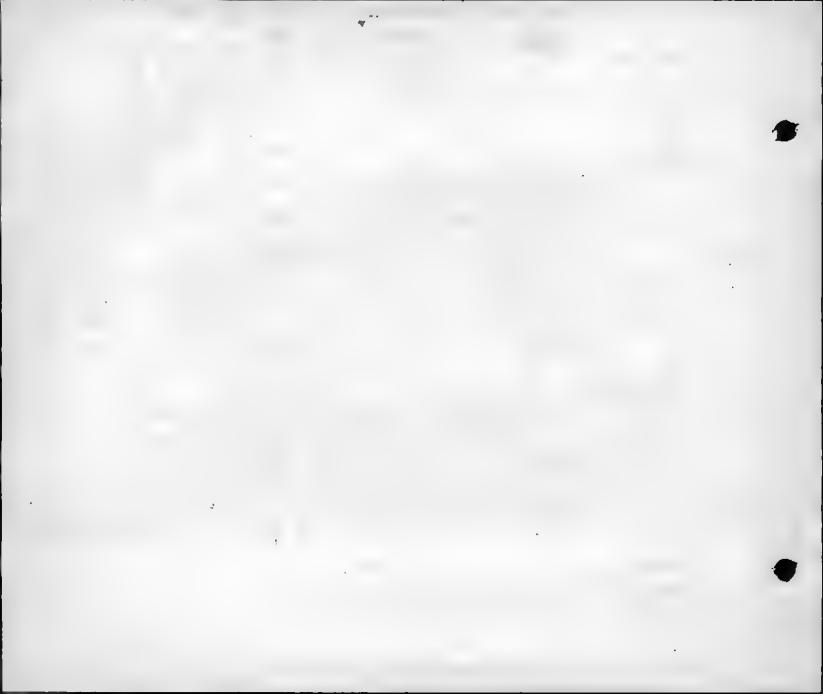
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ofter death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Health. rector. Page **b.** COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 No P write RURAL and give nearest town! Pikesville Pikesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS 卢 a. IS RESIDENCE ON A FARM? und be executed within 24 hours after death. If any definition pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PN3. Page 5 may be retained four altransit perthit. If a pages 1 and 2 with the State Bo oval, and in any, even within 72 hours after death. 6803 YES NO DE Greenspring Avenue Greenspring Avenue 3. NAME OF First 4. DATE Last Month DECEASED OF DEATH (Type or print) SCOTI SILVERS 19 59 December 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF JNDER 1 YEAR | last birthday) Months Hours Min. Male White WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? 105, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucille LeCompte John Silvers This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no. or unknwn) | (If yesquye war or dates of service) Office along with burial-transit perm any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia **DUE TO** removal, Conditions, if any, which gave rise to immediate cause "pending" vs 40 DUE TO ate the certificate, writing the word "pending of forwarded to the Chief Medical Examiner' LAL DIRECTOR: Page 3 should be used as (a), stating the underlying cause last. cremation, PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 72 NO 20a EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) Page 3 shout to burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. AEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion agent, Natural causes A Undetermined manner death resulted from-Accident Suicide Homicide CHIEF MEDICAL EXAMINER [ designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S liam V. Lovitt, Jr., M.D. NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION 226. DATE THEREOF 22d. LOCATION(City, town, or country) 22c. 40 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 7/59





**ADDRESS** 

IS RESIDENCE

ON A FARM?

YES NO KT

Yeor

14

Hours

12. CITIZEN OF WHAT COUNTRY?

Doys

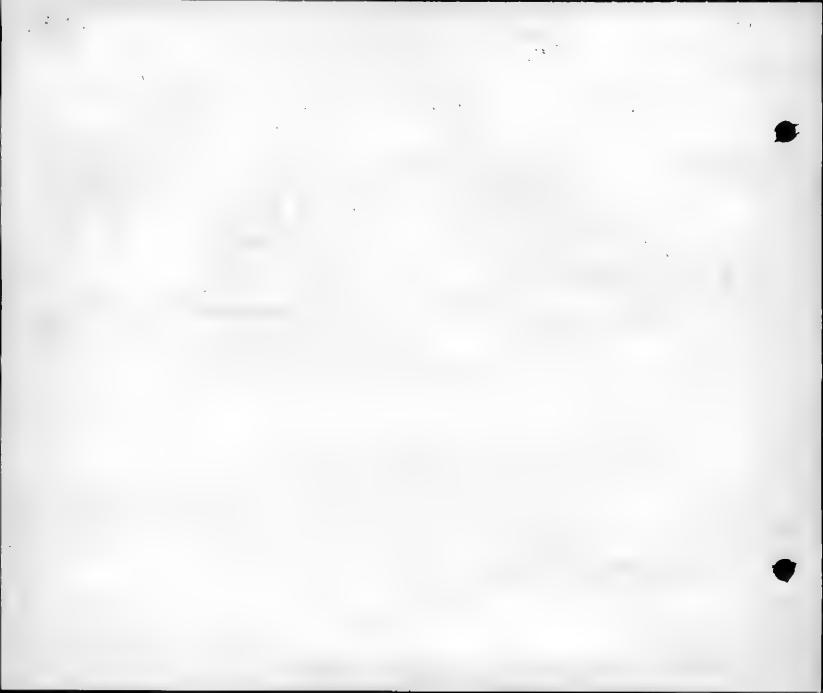
INTERVAL BETWEEN PERFORMED? YES NO (Stote) (County) 195 That I last saw the deceased .M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) N -9 22 LOCATION (City, town, or county) CEMETERY OBSCREMATORS (Stote) REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE Cirthun S. House

page 0 VS A15 (4) 1SM 9/SB

NAME [Type] 220 BURIAL CREMATION.

**FUNERAL DIRECTOR'S SIGNATURE** 

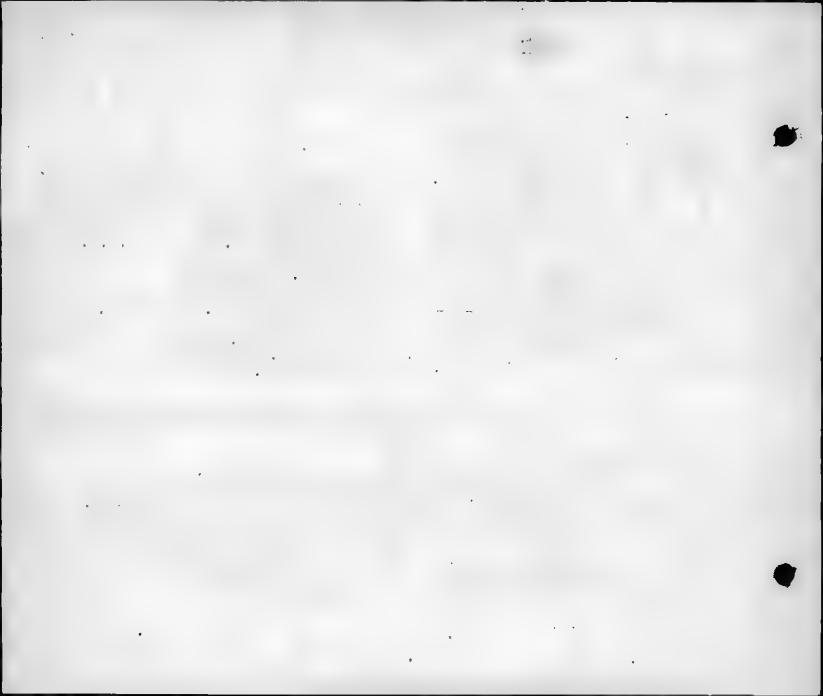
22b. DATE THEREOF



VS. AISME(S) SM 9/55

13480

1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived, it Institution: Residence before admission)
Baltimore MARYLAN	That / Land
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest tewn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
Sparrows Point	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Bethlehem Steel Company Dispensary	402 S. Bonsal Street YES TO NO S
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Harry J.	SKRUCH DEATH 12 31 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1YEAR   IF UNDER 24 HR!
Male White WIDOWED DIVORCED	1/2/1917 42 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
Pit foreman Steel	Baltimore Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josrph Skruch	Mary C. Baranowska
35. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	Agnes Skruch 402 S. Bonsal St.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Crushing injury	and burn (4th deg.) of lower
	side of body. Traumatic
conditions, if ony, which) (b) amputation and b	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
410	PERFORMED? YES NO IN
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item TB.)
E PRIMART DI OF CONTRIBUTING LI	led over onto deceased.
	LACE OF INJURY (Hame, farm, 120f. (City or town) (County) (State)
O - Hour While / Not while	Steel Mill Sparrows Point, Mdm
21. I certify that I took charge of the remains described at	
death resulted from: Notural causes , Accident X, S	
geom resulted from: Profusion courses [], Accident [A], 5	vicide, Homicide, Undetermined couse
ACTUAL MB & ALTON	CHIEF MEDICAL EVALUATION TO
SIGNATURE / / / O	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER 1
NAME (Type)	DEPUTY MEDICAL EXAMINER D. 113 // J
22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
Burial 1/4/1960 St. Stanis	······································
John M. Weber & Sons Inc 401 S. Che	esterrs 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
	DATEIAN 4 '60 Circlast 2. Thank



deoth:



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY FOR STATE 13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If Institution: Residence before admission) e. COUNTY Pege BALTIMORE a. STATE b. COUNTY airector. Per MARYLAND Health BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate amils, write RURAL and give nearest town) 3 for your write RURAL and give negrest town) Owings Mills Owings Mills Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? s 1, 2, and 3 to the funerage 5 may be retained fand 2 with the State Br Academy Avenue Academy Avenue may be retained 2 with the State E YES NO 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) CATHERINE VIRGINIA SMTTH DEATH 19 59 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In yeers (IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Days June 14,1919 Female WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION [G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stala or foreign country) 12. CITIZEN OF WHAT COUNTRY? 'in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File_pages 1 and done during most of working life, even if relired) Housewife TISA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 Lawrence Robenson Louise Latlief 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, aq, or unkown) (Ifyesgiyawerordelasofservice) Smith John W. Cwings Mills, id. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Interstitial pneumonitis removal, and IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause Ø. DUE TO (a), sleting the undarlying Examiner' cause last. nsed a cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the word YES X NO Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar natura of injury in Part I or Part II of Ham 18.) PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20c. TIME OF INJURY 20e, PLACE OF INJURY (Homa, farm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | XI. Inquiry and in my opinion Inspection designated egent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER Table 1 Table 1 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S W. Bradley King. NAME (Typa) NAME OF CEMETERY OF CREMATORY Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, Iown, or country) (Stata) REMOVAL (Specify) Md. Clarksville St. Louis Cemetery Dec.12,59 Burial कु.40 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Reisterstown, Md. J.F. Eline & Sons Orklast & Kruss 5M 7/59

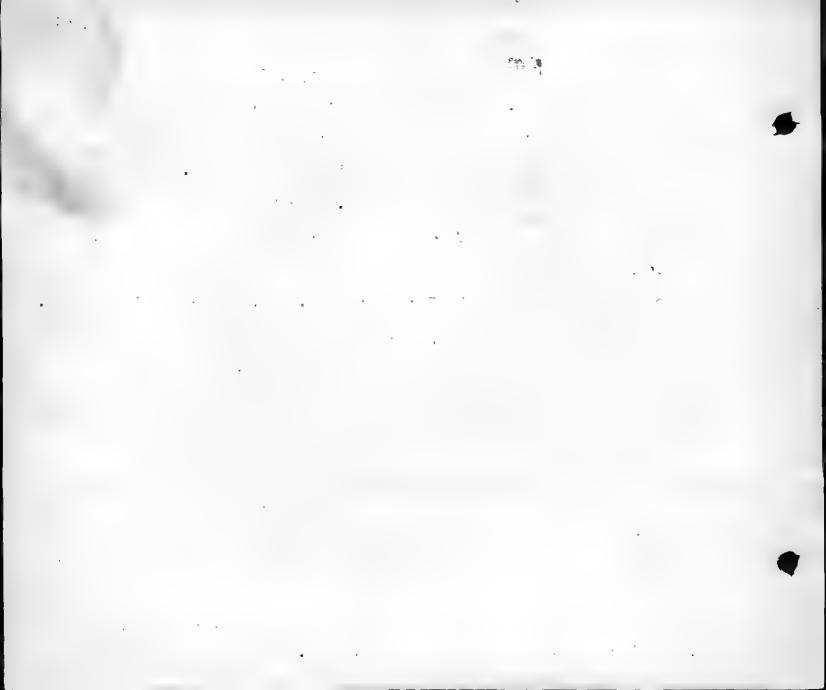
MARYLAND STATE DEPARTMENT OF HEALTH



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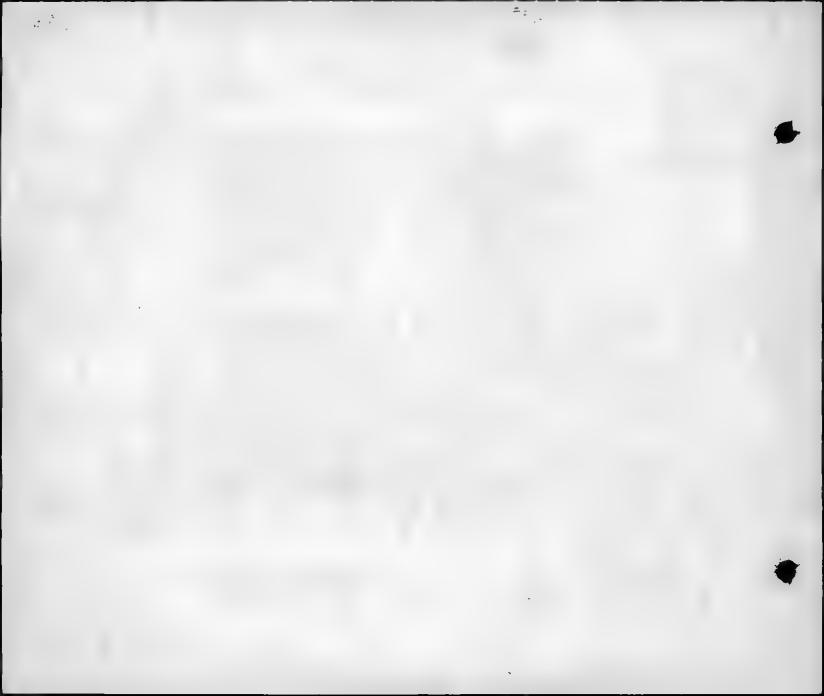
		13	504	CER	TIFICA	ATE OF DEATI	Н		Reg. Dist	l. No.		-
1	o. COUNTY Balt	imore		M	ARYLAND	2. USUAL RESIDENCE (W o. STATE Marylar	here deceose	b. COUNTY	n Residence			sion)
		Fautside corporate l'im	- 1	c. LENGTH OF ST	TAY IN 16	E. CITY OR TOWN (IF	autside corp					n)
	OR INSTITUTION	AL (If not in hospital, Green Ros		oddress)		d. STREET ADDRESS Green H	Road					FARM?
3.	NAME OF DECEASED (Type or print)	HENR		Mic	idle	SMITH Lost	4. DATE OF DEATH	Dec.25	,1959	Da	,	Year 19
	Male Male	6. COLOR OR RACE White	WIDOWE		RCED 🔲	8. DATE OF BIRTH  Oct. 18,1877		9. AGE (In years lost birthdoy) 02 yrs.	Months [	YEAR	Hours	Min.
	rarmer	N (Give kind of work ing life, even if retired	dane 106. Fe	KIND OF BUSINES Trming	S OR INDU	Maryland	or foreign o	country)		en of USA		OUNTRY
Ĺ		C. Smith				Caroline		er				
15	NAS DECEASED EVER	R IN U. S. ARMED FOI If yes, give war ar dales of	CES? 16.	SOCIAL SECURITY	95 Au	nFORMANT gusta B. Sn	nith-	Green Ro	a.Bal	dwi	in.N	id.
	Canditions, if ar gave rise to in cause (a), stating I lying cause lost.	nmediote (		She was a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	Las	le de	e of					
CEPTIFICATION	PART II. OTH					NOT RELATED TO THE TERM  D. (Enter noture of injury in			EN IN PART	1(a) 15	PERFO	RMED?
MEDICAL CERT		CAUSE OF DEATH MEDICAL EXAMINER)		IJURY OCCURRED  Not while	20e. PL/	ACE OF INJURY (Home, farm tory, street, affice bidg, etc	n. 20f. (Cit	•	(Co	unly)		(State)
	21. I certify the alive an	at I attended the	decease 2, 195		nat death	accurred at 40 A				date	stated	
Ι.,	PHYSICIAN'S NAME (Type)  O. BUR AL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	)F	22c. NAME OF C		2224E	I_	TION (City, town, o		12	2.C.	€
-	Burial Funeral director's Vm Cook-T	μ2/29/59 signature owson, Inc	. Yo	Baltimo ADDRESS Ork Rd.	•	on 4, Md DATE D	Balt D BY REGIS EC 2 8	E0	TRAR'S SIGN	NATUR		

VS A15 (4) 15M 9/58



18 P	N	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No.
ould b	P 40_	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
chen chen	7,	G. COUNTY 13 AL TO. MARYLAND G. STATE MD, B. COUNTY BALTO.
9 0	"	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) ond give negrest town)
Po Po		TOWSON LIFE TOWSON
- N		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
d'r.	. *	40 NEFFERSON AVE, 308 E, PA, AVE, YES IND
aral per f		3. NAME OF DECEASED   4. DATE OF Month Pay Year
5 2.0		(Type or print) LEONARD LORPHINE SMITH 12/26/5919
e 2 e		5. SEX  6. COLOR OF RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In year)  1 FUNDER 1/F UNDER 1/F UNDER 24 HRS  1 Jour Birthdoy)  Manths Days House Alia
# Ped		WIDOWED DIVORCED TULL 1/2/1906 53 yrs. Months Days Haum Min.
₩. Ē.¥		10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
D 2 7		SEIFEM DIOGED STORE MD. U.S.A.
24 8		13. FATHER'S NAME
- E 2		14, MOITHER'S MAIDEN NAME
10 cm	,	JAS, H. JMT+H C/ARA CHATKINS
P. G. e		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (You, no or unknown)       (1) yes, give wor or dottes of service)
8 g E		NES WIND TH 2/100/4/98 ALTCE CALUER-28/3 PRESBURY ST
O 25 =		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
18. P. P.		PART I. DEATH WAS CAUSED BY:
fort d		IMMEDIATE CAUSE (o) SECTION CONTROL SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SEC
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温温を		Conditions, if any, which are gave rise to immediate cause
crica en		(o), stoting the underlying DUETO
400		couse lost. (c)
: iji 8		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
& Qui	£ii	PERFORMED? YES \( \square\) NO \( \square\)
pen iner		20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port ) or Port II of item 18.)
무통물		
충근용		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) foctory, street, office bldg., etc.)
tige a		Hour a. m. While Not while of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of
Pag Pag		21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find the
· 声 连 瓷		death resulted fram: Natural causes 2, Accident , Suicide , Hamicide , Undetermined cause .
* Q 5		
E SE		SIGNATURE 1 1 C 1 C 1 TO A TEXT OF M.D. CHIEF MEDICAL EXAMINER []
A	= ~	ASSISTANT MEDICAL EXAMINER []
orwarded FUNERAL	mavo	EXAMINER'S ( 1) D. Tec. F. C. D. Wee // DEPUTY MEDICAL EXAMINER [
forwer 1	ě	220. BURIAL, CREMATION, 276. DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY / 22d. LOCATION (City, Igwn, or county) / (Signal)
2 4 6	0	Benoval (Specific) 12/30/59 Balto national Balto MM.
S. A15ME(	rs)	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
5M 9/55	4/	m. I blestice, D. 1781 MT Cull the TOATEDER 20150 City of
		Tallo, nd,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



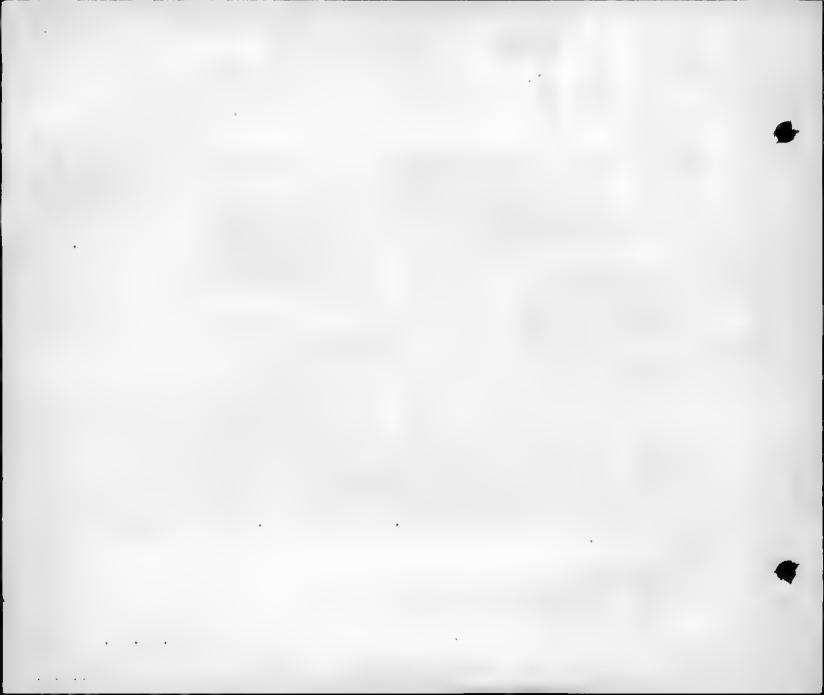
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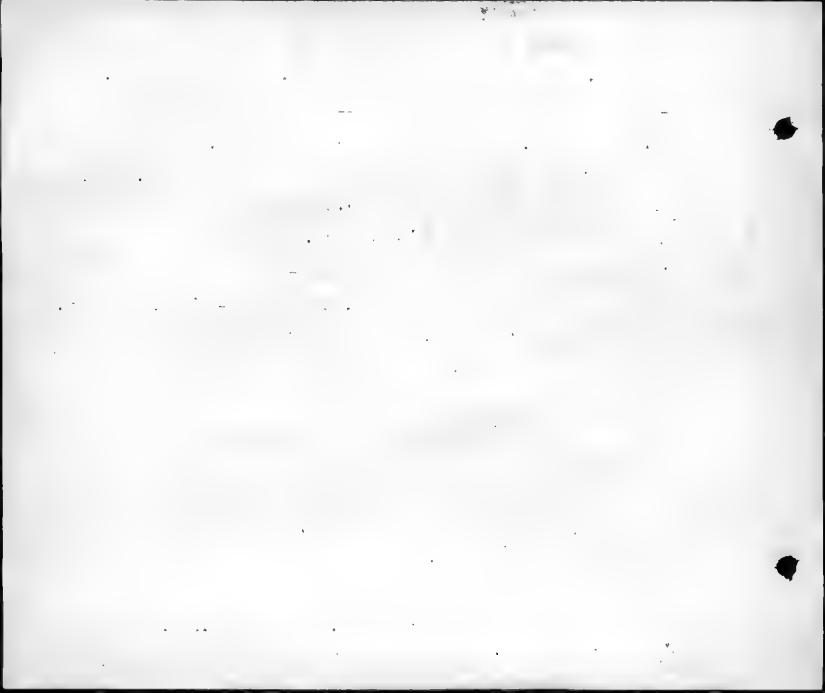
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13506 CERTIFICATE OF DEATH

13485

40000			Keg. Dis	r. No.
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deco. STATE Marylan	ceased lived If institution: Residence de b. COUNTY Prin	e before odmission) ICE George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Catonsville	e. LENGTH OF STAY IN 16 3yr5mths	c. CITY OR TOWN (If outside Washington,	Corporate limits, write RURAL and g	ive nearest lown)
d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION SPRING GROVE STATE HOS	oddress) P ITAL	d. STREET ADDRESS	on Streets	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF First DECEASED (Type or print) Patrick	Middle Robert	Somers 4 D		Day Yeor 19 59
male white widows	ED DIVORCED	B. DATE OF BIRTH Dec. 21, 1912	Ass birthdoy Months yrs.	I YEAR IF UNDER 24 HRS Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  Stove assembler	KIND OF BUSINESS OR INDUS	West Virg	ign country)   12. CITI.	S. A.
James Somers		14. MOTHER'S MAIDEN NAME Agnes Kir.	nnetr	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Address	S.ITAL
Canditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.	Inspition and d	dehydration (Schizophrenia)		INTERVAL BETWEEN ONSET AND DEATH MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH III FEITHER, NOTIFY MEDICAL EXAMINER;		NOT RELATED TO THE TERMINAL DI		1(o) 19. WAS AUTOPSY PERFORMED? YES 17 NO
	Not white for	ACE OF INJURY [Home, form, 20f.	(City or town) (Co	ounty] (Stole)
21. I certify that I attended the decease alive an Dec. 19 , 19  ACTUAL SIGNATURE BRUND RADA PHYSICIAN'S BRUND RADA	59, and that death across the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the	occurred of 3:15p M, ADDRE  M.D. SPRING GRO  Catons vill	e 28, Maryland	ost saw the deceased e date stated abave.  DATE SIGNED TAL /2/13/5
220. BURIAL, CREMATION, REMOVAL (Specify)  DUP 12 1  23 FUNESAL DIRECTOR'S SIGNATURE	Mt. Olivet	Cemetery Wa	ocation (City, town, or county)	(Stole)
the & H Aines &	29017140	DATE DEC 2	EGISTRAR 746 REGISTRAR'S SIG	







VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13509 **CERTIFICATE OF DEATH**

13488 Rea, Dist. No.

	-	
	1, 6	PLACE OF DEATH  O. COUNTY  MARYLAND  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  STATE  b. COUNTY  b. COUNTY
	_	b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	a	RURAL and give nearesh lown)
	$\sim$	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE
1 ,	D	i Age was Marion - Mars. Horal
-	3.	NAME OF First Middle lost 4. DATE Month Day Year
		(Type or print) ARTHUR - N - STANSBURY DEATH Ded 25 1959
	5. 5	20 10 0 1 - ligst birthday) Months Days Hours Min.
	-	WIDOWED DIVORCED Way 1-1000 /4 yrs.
	10a	1. USUAL OCCUPATION (Give kind of work dane lob KIND OF BUSINESS OR INDUSTRY   1 (BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?  W. S. A.  W. S. A.  W. S. A.
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		Welson Steensbury aby Brummell
٦		WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address
	7	10 10 220-Ty-44/V John Pindell-Upperco R. D. Mil
		IB. CAUSE OF DEATH [Enter on y one course per line for (a), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: DIONARY PMDC/IJM
		Conditions it any which DUE TO CUMITO - VUSCULOY A) WILL WITH
		gove rise to immediate
		couse (a), stating the under   DUE TO Use compensation
	z	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
4	CATION	PERFORMED? YES NO
	4	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part II or Part II of (tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or lawn) (Caunty) Hour p. m. While Not while foctory, street, office bldg., etc.)
	MED	Hour o. m.  While Not while at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at
		21. I certify that I attended the deceased from 1, 19.4, to 17.73 19.4, that I last saw the deceased
		alive an 12174, 1854, and that death occurred at 1265AM, from the causes and an the date stated above.
1		ADDRESS (Styell, city or lown, stote) DATE SIGNED
ŧ		SIGNATURE CLOTY CONTAIN MO. 805 SPEA, 412 28/119 12/16/15
		PHYSICIAN'S TEGITS L. URBAN
	220	BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
9	4	Burnel 12-28-59 Methodist Restentown Balloco My
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A 240. REGISTRAR'S SIGNATURE
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1		CUTE	4 should be fo	AI	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	
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VS, AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH 20040	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2. USUAL RESIDENCE (W	hare dacaasad livad, If Ins	titution: Rasidenca before admission)
	Baltimore	MARYLAND	*. STATE Maryland	b. COUNTY	Baltimore
_	b. CITY OR TOWN (if outs da corporata limits,	c. LENGTH OF STAY IN 16			URAL and give naarast town)
	write RURAL and give nearest fown) Sparrows Point		Dundalk		
	d. NAME OF HOSP TAL OR INSTITUTION (If IN	of a hospital, give street address)	d STREET ADDRESS		L . IS RESIDENCE
			1	1	ON A FARM?
,	Bethlehem Steel I	Y 5		kway	YES NO [X]
3.	NAME OF First DECEASED	Middla		ORTE Month	Day Year
	(Type or print) CHARLI		STEALEY, Sr	December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December December Dec	ber 7, 1959
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH 1903	9. AGE (In years (IF	
	Male White w	IDOWED DIVORCED S	ept. 9, 1905	56 54 yrs.	Aonths Days Hours Min.
10 do	. USUAL OCCUPATION (G ve kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
	Pipe fitter	Shipyard	West_Virgin	ia	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Charles C. Stealey		Elizabeth Jo	hnson	
	WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT	Addrass	
, ,	No.		s. Anna Stealey	2500 Yordover	tr
	18. CAUSE OF DEATH [Enter only one can	use par line for (a), (b), and (c).]	De service processor	Troop Tratified	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	oronary occlusion			ONSET AND DEATH
	20./ DUE TO				
	Conditions, if any, which \ (b)				
	gava rise to immadiata causa DUE TO				
	(a), stating the underlying cause last. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY
용					PERFORMED?
문	20a EXTERNAL CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCURED. (I	enter nature of inverse in Part Lor P	ad II of Stem 18.1	YES K NO
CFRTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	STACKISE STORY STOCKEDS (S	and notice of injury in contract	011 11 01 (10 KT 10 J	
₹	20c TIME OF INJURY Month, Day, Yaar	. 20d. INJURY OCCURRED   200, PLA	CE OF INJURY (Home, farm, 1 20	f. (City or town)	(County) (State)
MEDICAL	Hour a.m.	7711100 - 77111100 -	ory, street, office bldg., atc.)		, ,,,
×	p.m. 19	af work af work		. [-]	
	21. I certify that I took charge of t	he remains described above, he	Id an Autopsy X Inspe	ection Inquiry	, and in my opinion
	death resulted from: Natural cause	es X., Accident	ide . Homicide .,	Undetermined man	ner
	10 00	1/0	CHIEF MEDICAL EXAMI	NER 🔀	
	ACTUAL SIGNATURE	Maker	ASSISTANT MEDICAL E	XAMINER	DATE SIGNED
	EVEMINED:C		DEPUTY MEDICAL EXAM	AINER	12/7/59
	NAME (Type) Russell S. F		Address (Street, city, to	wn, or county)	
22	REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY 22d.	LOCATION (City, town, or	r country) (Stata)
B	urial 12/10/59	Oak Lawn Ceme	oterw.	Colgate.	Md.
23	FUNERAL DIRECTOR	ADDRESS	24a. REC'D BY	REGISTRAR 246. REGIST	
	Ullrich Funeral Home	Dundark, Md.	DATEDEC 1	4 '59 Cost	us S. Krueg



TO HOSPITAL OF UTENDING PHYSICIAN: The low requires that the account community of the hospital or attending physician.

Ye may be retained by the hospital or attending physician.

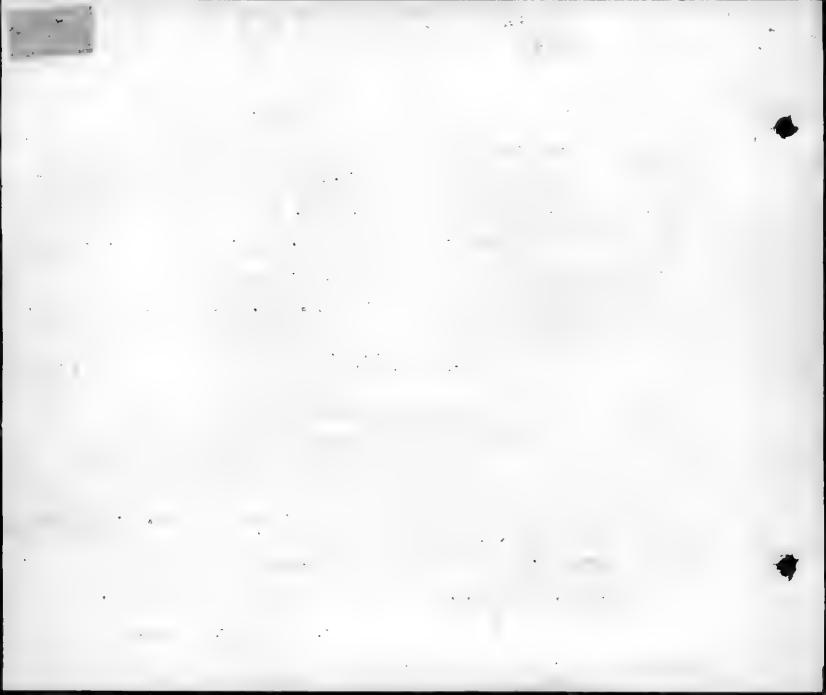
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remperentian papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

13511

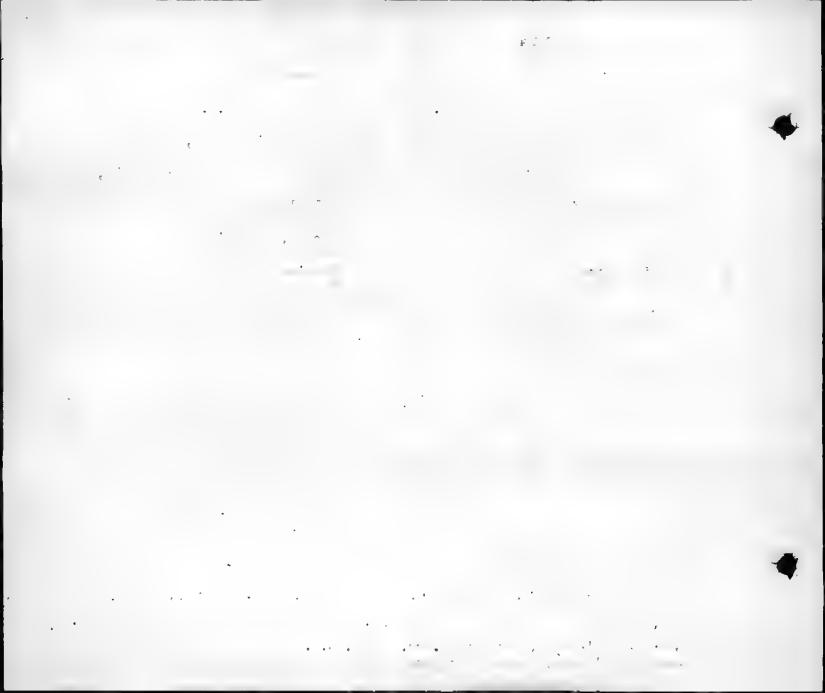
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		-								
1. PLACE OF DEATH c. COUNTY				2. USUAL RESI	DENCE (Wh	ere deceased live	d If institution	in Residence	a before admir	isian)
Bal	timore		MARYLAND		Maryla	nd	2, 200(4) 1			
	If outside carporate limit	is, write	c. LENGTH OF STAY IN 16			utside carporate	limits, write Rt	JRAL and gr	ve negrest taw	m)
	t Howard		55 days		Balti	more	3	VOI	and.	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street a	ddress)	d. STREET A					ON A	SIDENCE A FARM?
Veterans	Administra	tion I	<u>fospital</u>		29	205_Oakl	ay Aver	nue	YES	] NO [X
NAME OF	Fire	sł	Middle	Los	it.	4. DATE	Mani	th	Day -	Year
(Type or print)	LEROY		R	STEINER			ecember		29	19 59
. SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARRIED	8. DATE OF BIRT	Н	9 A	GE (In years ist birthday)		YEAR IF UND	~
Male	white	WIDOWED	DIVORCED [	Septem	ber 30		27 yrs.	monins L	Days   Hours	Min,
a. USJAL OCCUPATIO	ON (Give kind of work a	lane 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (Stote	ar fareign countr	y)	12. CITIZ	EN OF WHAT	COUNTRY
_	king life, even if retired)		achinery Shop	Pol+	imore	Maryla	n d	11	S.A	
BUVET 3. FATHER'S NAME		1418	activitiery onup	14. MOTHER'S			uu		• 0•4	
Tania	Ch aireas			T477	ian Bl	l oak				
	Steiner Er in u. s. armed fori	CES2 116 50	OCIAL SECURITY NO.	INFORMANT	ran ni	LUCK	Addr	ess		
	(If yes, give war at dates of se	ervice)			T 1 1	1 77 .			77 3	77.7
Yes	Korean			lin.Rec.	vet_Ac	im Hosp.	Balto I	id Ft	Howard	Dir.
	ATH [Enter anly and ca	use per line	far (a), (b), and (c) ]						INTERVAL B	
	TH WAS CAUSED BY, IMMEDIATE CAUSE (a)	S	HOCK						Acu	
57 2	DUE TO	PO.	ST OPERATIVE	SUB TOTAL	L COLI	ECTOMY				
Canditions, if a	iny, which ) (b)	U	LCERATIVE. CC	LITĪS					7	YEARS
gave rise to i	mmediate (								1	
couse (a), stating lying couse last,	the <u>under-</u>									
PART II. OTI			ONTRIBUTING TO DEATH BL	T NOT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART	1(a) 19, WAS	AUTOPSY
									PERFO	ORMED?
20- ACCIDENTANCE	AC TRIDERIVATO ES	20L Drece	NOT HOW INDUST OCCUPA	fD (F.)	fta f	South the Beat II as	6 Itam 10 h		IES L	] NO [ <u>]</u>
(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ZUB DESCI	RISE HOW INJURY OCCURR	tD (thier noture o	it injury in t	rantiar rantii a	r Item (6.)			
	RY Month, Day, Yea	1	- 6	LACE OF INJURY I			awn)	{C	ounty)	(State)
Maur e.m.	19	While at work	Not while at wark	outery, sincer, outer	e biog., aic.	7				
	VA.	4	d 637	71 10 50	As Day		0 20 0			
			d from November							
94149494949EXE			pegge, and that deal	h occurred of						d above
ACTUAL	1/05 A	2-1-	- les			ADDRESS (Street,		•		IE STUTIEL
SIGNATURE	Allron T	10	CX.	M.D. VAH	BALLTO	_MD_FT_H	OWARD_J	DIVISI	ON 1	2/29/
PHYSICIAN'S										
NAME (Type)	IAMES R. POW	DER,	М.В.	-HAW-	RATTO	H-TEST-OM-	GWARD 1	PEVERSI	ON	
20. BURNAL, CREMATIC	ON, 22b. DATE THEREO	F	22c. NAME OF CEMETERY			22d LOCATION			(Sta	ite)
REMOVAL (Specify)	112 - 300 -	59	United Hebro	or Compto	TOTAL C	Baltimo	no Mam	rl and		
BUTTO 1	'S SIGNATURE	1	ADDRESS	am Tremente		P.BX REGISTRAL		TRAR'S SIGN	NATURELA	
		70.75		3		EC 2.0.29		Decame! - 22;	,	
Jack Leuri	s 2100 Eut	aw Pl	ace Balto. Mo	1	DATE					







## **CERTIFICATE OF DEATH**

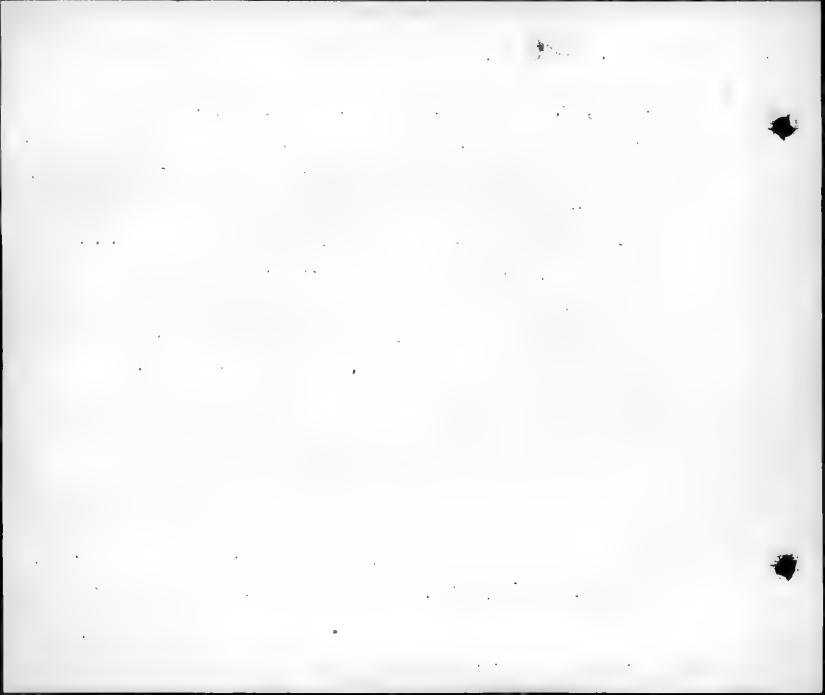
$\perp$		THE OF THE								Keg. DISI	r. No.		
1.	PLACE OF DEATH	sewood Sta	te ir	raining Sc	hooi	2. USUAL RES	SIDENCE (Who	ere deceased i	ived. If institution	n. Residence	s before ad	mission)	
L		ltimore		MAR	YLAND	d JIAIL	Mary.	Land	b. COUNTY	Wa	shing	ton V	
	b. CITY OR TOWN (II RURAL ond give no	f outside corporate limi earest town)	its, write	c LENGTH OF STA	Y IN 16	c CITY OF	R TOWN (If or	utside corporat	te limits, write Ri	JRAL and gi	ve nearest t	own)	
(	Owings Mil	ls. Md.		5 years		Hage:	rstown,	Maryl	and	9	10		
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS					RESIDENCE N A FARM?	
R	osewood Sta	ate Trainin	g Sch	1001		724 W	ashingt	on Ave	nue		YES	NO 🖫	
3.	NAME OF DECEASED	Fir	st	Middl	ie	L	ost	4. DATE OF	Mon		Day	Year	
	(Type or print)		trici			Stotel	myer	DEATH	1	2	22	19 59	
5	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARE	RIED 🔀 8.	DATE OF BIR	RTH	9	AGE (In years last, birthday)		YEAR IF U	NDER 24 HRS	
L	Female	White	WIDOWE	hand		12/17/	53		<b>б</b> угз	71011113	Julys   Fill	773 PMIII,	
10	<ul> <li>USUAL OCCUPATION</li> <li>during most of work</li> </ul>	ON (Give kind of work a ung life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	RY 13 BIRTH	PLACE (Stote o	or foreign cou	ntry)			ATCOUNTRY	
1						Mar	yland			U,	S.A.		
13	. FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME					
L	Lewis Victor	or Stotelmy	rer			_ :	France	3 Whart	on				
15 (Y		R IN U. S. ARMED FOR (If yes, give war or dates of a		SOCIAL SECURITY N	O INI	ORMANT			Addr	ęss			
L	no				Ro	sewood	Record	ds					
		TH [Enter only one co	use per lin	ne far (o), (b), and (c	).] ₂	0				\		L BETWEEN	
	IMMEDIATE CAUSE (0) MICYCCEPHCKY WITH by oude-												
753.1 DUE TO													
Н	Conditions, if any, which) (b) pheumonia and ofits wed,												
	gove rise to it		1										
	lying cause lost,		)										
CERTIFICATION	PART II OTH	IER SIGNIFICANT CON	DITIONS <u>C</u>	CONTRIBUTING TO D	EATH BUT N	IOT RELATED	TO THE TERMIN	NAL DISEASE (	CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?	
15	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	TRIBE HOW INJURY	OCCURRED.	(Enter nature	of injury in P	art   or Port	of item 1B)			<u> </u>	
GE	OR CONTRIBUTING	CAUSE OF DEATH											
3	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d IN	UJURY OCCURRED	20e PLAC	E OF INJURY	(Home, form,	20f. (City o	r town)	(Co	ounty)	{State	
MEDICA	Hour o.m.	19	While of work	Not while	facto	ory, street, offi	ice bldg., etc.)						
1		at I ottended the				, 19	, to		, 19,	that I los	t saw the	e deceoser	
	olive on		_, 12	, ond the	t deoth o	occurred a	3:16a	M, from th	e causes on	d an the	dote sto	ted abave	
	Δ.	9 11 0	0	1 0	10 0			ADDRESS (Street	et, city or town,	state)	!	DATE SIGNE	
	SIGNATURE U	W-K	199	12-8 1	alla	80031	430	7 Ma	intie	d alw	12/	22/59	
L	PHYSICIAN'S NAME (Type)	Her W.	Rie	ckert		4	Bo	lt's	~ o~e	Ly	M	<u> </u>	
22	BUR AL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEA	METERY OR	CREMATORY		22d. LOCATIO	ON (City, town, o	,,,	(	State)	
L	Burial	113/23/5	9	Rose Hil	1 Ce	reter	11	gersto		in Co	d.		
23	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		- 4		EC 2 8 '5		TRAR'S SIG			
	17 14 1.	11.	0.7	. 7		200 01	DATE III	ELI & O V		LALLWAY A	. / Walls		

7

TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs death. Page 4 may be retain, by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after the pages.

VS A15 (4) 15M 9/5B

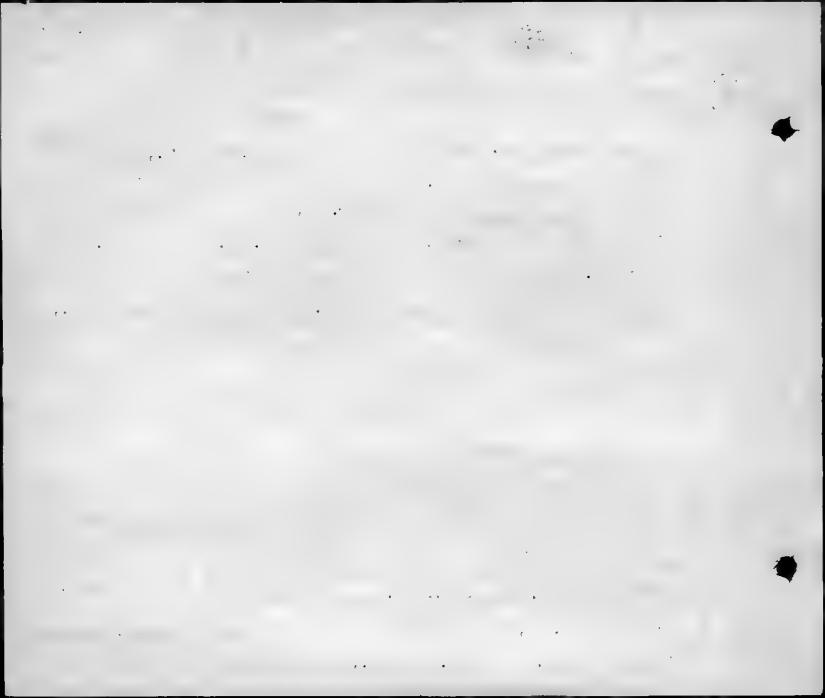




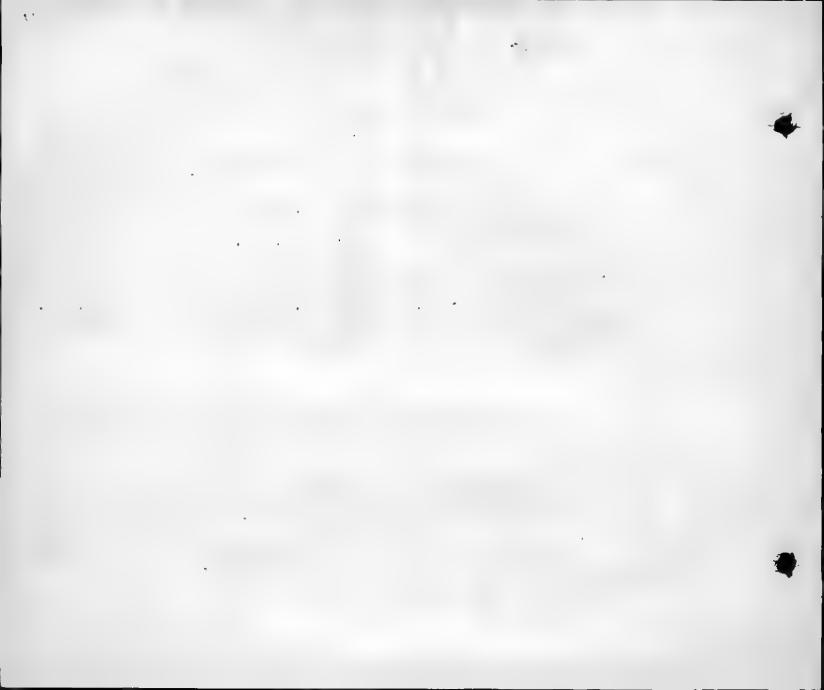
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



17.1		1 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1943()
I I		PLACE OF DEATH  . COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution	n, Residence before adm ssion)
V		Baltimore MARYLAND	. STATE Maryland b. COUNTY Bal	Ltimore
3 }		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate I m ts, wr te RURAL	and give neerest town)
		Catonsville	Catonsville	
W		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
1		2411 Rockwell Ave. (garage)	2411 Rockwell Ave.	YES NO
	3.	NAME OF Frst M.ddla	Lesi 4. DATE Month	Dey Year
		(Type or print) GEORGE S.	SULLIVAN DEATH December	10, 1959
	5.			R 1 YEAR IF UNDER 24 HRS.
		Male   White   WIDOWED   DIVORCED	Aug. 26, 1905   Significant Months	Deys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. (	CITIZEN OF WHAT COUNTRY
	"	Phumber Plumbing	Carroll Co. Md.	U.S?A
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	1	Frank B. Sullivan	Carrie Blizzard	
L,	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no prunkown) (Ifyasgivawarordetasofservice)	INFORMANT Address	
		No 212-05-9357 I	Hazel M. Sullivan 2411 Rocky	well Ave.,
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	,	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Carbon monoxide po	isoning	
		) DUE TO		
		Conditions, if any, which \ (b)		
		gave rise to immediate causa DUE TO		
	1	cause last. (c)		
	Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	Ty.		YES NO IL
	RTE	PRIMARY   or CONTRIBUTING	(Enter natura of in ury in Part I or Part II of item 18.)	
			ride while sitting in an automo	T
á	MEDICAL	1 fm	clory, street, office bidg., atc.) ;	ounty) (State)
٠.	Z.	Indetermined 19 et work at work	B*** * B**	lto. Md.
		21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection X, Inquiry .	and in my opinion
		death resulted from: Natural causes , Accident , Sur	cide, Homicide, Undetermined manner	
		11/2 1/1/21	CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		NAME (Type) William V. Lovitt, Jr., M.D.	DEPUTY MEDICAL EXAMINER	12/10/59
,		NAME (Typa) WILLIAM V. LOVILL, Jr., M.D.	Address (Street, city, lown, or county)	
.,			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	and the same
	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, lown, or coun	
<i>+</i>		Burial Cremation, 22b. date thereof 22c. Name of CEMETERY C. Burial Dec. 14, 59 Druid Ridge	CEMETER Baltimore Count	y, Maryland
		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	Cemetery Baltimore Count  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S	y Maryland



1			MAKICAND STATE DEPARTMENT OF REALTH—BALTIMOKE, 18
* 00/			13518 CERTIFICATE OF DEATH Reg. Dist. No.
I director, filed with	M		ACE OF DEATH COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY b. COUNTY Baltimore
erol be f		R	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  CLENGTH OF STAY IN 16  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  TRIPE Monkton  74 Veere
by funda	X	(	NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  d STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
124 haur illed in b		3. 1	AME OF First Middle Lost DATE Month Doy Year OF DEATH Dec. 9 19 59
d withir pletely f		5. 5	
execute and comp oan pape ( death.	_	100.	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Housewife  Home  Monkton. Md.  USA
\$ 548	I)		THER'S NAME  14 MOTHER'S MAIDEN NAME  TOWER  TOWER  TOWER TOWER  TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER TOWER T
8 652	<i></i>	15. ¹	AS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO OF UNLINOWN)   11 yes, give wor or dots of services   217-36-2685 D Miss. Jane Swift Monkton. Md.
the death he attendin hen please ent within			B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Carcinoma of the colon.
requires that ion. In signed by the signed by the signed by the signed in only even and in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only even in only			Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.
f: The law ling physiciste has been burial-tran	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  10. ACCIDENT WAS UNDERLYING D  10. ACCIDENT WAS UNDERLYING D  10. ACCIDENT WAS UNDERLYING D  10. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18.)  10. ACCIDENT WAS UNDERLYING D  10. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18.)
PHYSICIAN of ar attend his certifica use as the		1-1	FEITHER, NOTIFY MEDICAL EXAMINER)    Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn)   (County)   (State)   4
ENDING the haspite IR: After to tached for burial, cr			11. I certify that I attended the deceased from Qct.3 , 19 59, to Ded. 7 , 19 59, that I last saw the deceased alive an Dec. 7 , 19 59, and that death accurred at 8 DM, from the causes and an the date stated above
OF ATT	1		ADDRESS (Street, city or town, stole)  DATE SIGNET  ADDRESS (Street, city or town, stole)  DATE SIGNET  ADDRESS (Street, city or town, stole)  DATE SIGNET  ADDRESS (Street, city or town, stole)  DATE SIGNET  ADDRESS (Street, city or town, stole)
SELTAL Se retail ERAL 3 shoul gistrar			HYSICIAN'S A. M. France  IAME (Type)  SURIAL CREMATION   226 DATE THEREOF   22c NAME OF CEMETERY OR CREMATORY   22d LOCATION (Giv. lowe, or county)   (Stoke)
TO HOS may b TO FUN page the reg		Bı	SURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Idwin, or county) (Stole)  TIAL 2/12/1959 Wesley Chapel Monkton Maryland  IMPERAL DIRECTOR'S SIGNATURE 240 REGISTRAR 240 REGISTRAR'S SIGNATURE
V\$ A15 (4) 15M 10/57	X.	a	arles 6. Furt farrettaville, Md. DATE DEC 14'59 asing 8. Krons





VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Raltimore c CITY OR TOWN (If outside corporale limits, write RURAL and give negres) town) e. IS RESIDENCE ON A FARME YES NO TA Year December IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY? USA Address 1732 Amuskai Rd. INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(County) (Stole)

19-27that I last saw the deceased

ADDRESS (Street, city or town, slote)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

author & Kines



		-0061	i	CERTIFIC	AIL OI L		•		Reg. D	ist. No.		
M	1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	a. STATE	DENCE (WA	_	b. COUNTY		nce befor		ion)
···/		(If outside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	TOWN (If o	utside corpo	prote limits, write R				1)
		nsville		2mthlldys	. Owin	gs Mi	lls,	Maryland				
1.1	d NAME OF HOS OR INSTITUTIO SPRING	PITAL (If not in hospito), g N GROVE STATE		SPITAL	d. STREET A		ersto	wn Road				IDENCE FARM?
,	3. NAME OF	Fir		Middle	los		A DATE	Mani		Do		Yeor
	(Type or print)	Charles		Edward	Turnba	ugh	OF DEATH	December	/	12		1959
	5. sex. male	6. COLOR OR RACE	7. MARRI	ED 🔣 NEVER MARRIED 🗌	8. DATE OF BIRTI			9. AGE (In years last birthday)	IF UNDER	Doys	Hours	R 24 HRS Min.
		White	WIDOWE		June 6			71 yrs				
	10a: USUAL OCCUPA during most of w	TION (Give kind at work over the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	done 10b. 1	KIND OF BUSINESS OR INC			_	country)	1			COUNTRY?
_	handy	man				rylan				J. S	. A.	
L.	13. FATHER'S NAME				14. MOTHER'S							
		uis Turnbaug	-			Ma	rtha					
	15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Addr	ess			
	unknown		2	216-14-4815  F	ecords: S	PRING	GRO	VE STATE	HO	SPIT	AL	
		EATH [Enter only one co	use per lin	e for (a), (b), and (c).	/	1.	1.				RVAL BE	
		EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		131 Civilia	1 -632	arel	,0%.			-	2/	4"-
	420,	DUE 10	1	pl ²	1 5					-	1	ff face of
	Conditions, if			Cy271477	CC/-US	1072						
	gove rise to couse (a), statis lying couse la	ig the under-	(-70	nevalized	Hotonica	50,273	te (	anctora	5657	1 2	1.3.	
٠,)	PART II. C	OTHER SIGNIFICANT CON	DITI <b>ON</b> S C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	(T 1(o) 1	PERFO	RMED?
	20a. ACCIDENT	WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture o	f injury in P	orl I or Por	t It of item 18.)		<u>-</u>		
	ZOc. TIME OF INJ	1.	White		PLACE OF INJURY (I factory, street, affice			y or tawn)	(	County)	-	(State)
	21. I certify	that I attended the	decease	d from Sept.	29 . 19 59	to 2	ec,	12 1957	that I	last sa	w the	deceased
	alive on		. 19.5		th accurred at/							
		17 1	رشور.	7	1			treet, city or town,				ATE SIGNED
,	ACTUAL SIGNATURE	Hurard.	,,	Mhrist;	MD. SPRT	NGG	ROVE	STATE H	OSPIT	AL		
/	PHYSICIAN'S NAME (Type)							3, Maryla				
	Bural Speci	, Dec 15-1		Reisterstown		etery	Ken	TION (City town, o	r county)		(Stote	. *
)	23 FUNERAL DIRECTO	OR'S SIGNATURE	1 244	Rustentour	, md.	240. RED	BY REGIS	TRAR 24b. REGIS	TRAR'S SI	GNATUR	E U.A.	

TO HOSPITAL OR VS A1S (4) 15M 9/S5

efter death. Page

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

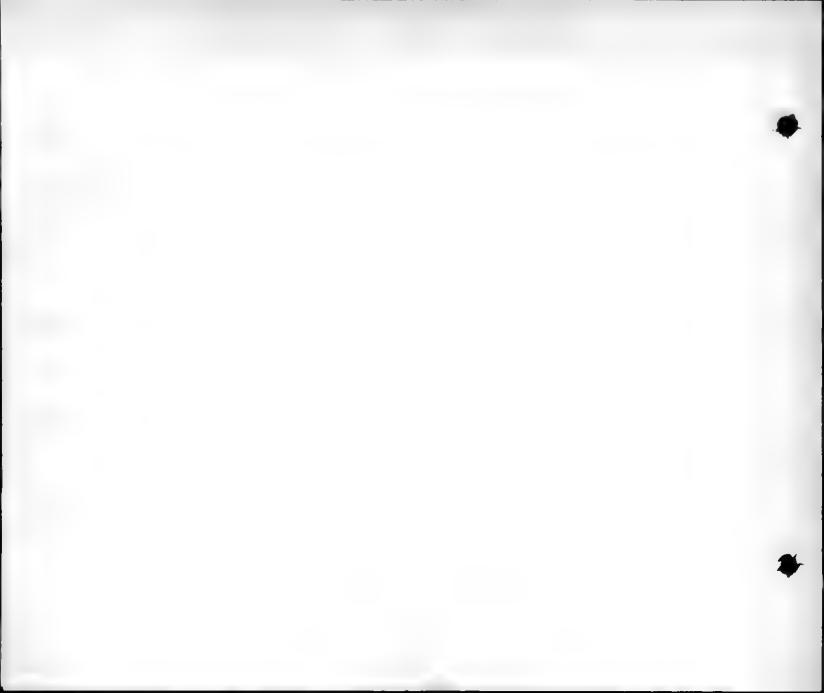
13592

	1		12599			Reg. Dist. No.									
	1)	PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	- 11	USUAL RESIDENCE (	Where deced	sed lived. If Institu		dence bef		nision)		
	b	b. CITY OR TOWN (IF end give peerest foun)  Catonsv	autide corporate fimits, write ille	RURAL	c. LENGTH OF STAY IN 16	5	c. CITY OR TOWN (1)		porote limits, write	RURAL a	nd give n	earest t	own)		
	c	1024 Cro		d. STREET ADDRESS 1024 Cro		e. IS RESIDENCE ON A FARM? YES NO									
		NAME OF DECEASED (Type or print)	Fir Sal		Middle Peirce	: j 1	tos:	4. DATE OF DEATH	Monti	ec.	Day	4.3	Year 19 59		
	5. S	Fen Fen	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED D	8. DA	Aar. 19.1	27	9. AGE (in years test birthday)	IF UNDE Months	R TYEAR Days	IF UNI Hours	Min.		
	10a d	USUAL OCCUPATION In the street of working Most of working Home	N (Give kind of work     life, even if retired)		CIND OF BUSINESS OR INDUS	STRY		or foreign of	•	12. CI	rizen of U . S		COUNTRY?		
	13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME							
		J	ohn H. Pei	rce			_stelle_:	Ray							
	15, {Yes,		R IN U. S. ARMED FO (If yes, give wor or dates at				MANT	T. 1	Address	. ,	3 0	0			
	To Yes I're icin We Tyler -102' Grosby and												INTERVAL BETWEEN		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY:  JAS DOISONIN: "ron at a cobile											T AND DE	EATH		
	973.1 Que to Carbon monoxide • Asphyxiation														
		Conditions, if on gove rise to immed	iote cause		1000 1000000000000000000000000000000000										
		(o), stating the u			Suicide										
,	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT	RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PA	1.7		AUTOPSY DRMED?		
		20g. EXTERNAL CAU PRIMARY III or CON CAUSE OF DEATH.	SE WAS TRIBUTING  20	L. libe	HOW INJURY OCCURRED.	(Enler	to exhaust	or Part II	of item 18.)	car	er si	4	novi le		
	MEDICAL	20c. TIME OF INJUR Hour o. m.	Month, Day, Yea	While	NJURY OCCURRED 200 PE Not while 1 Go for rk of work	ACE C	F INJURY (Home, form treet, office bidg., etc	20F. (City	y or town) areat ato isvill		al o		(Slate)		
		4			emains described ob , Accident , Su		,	-	nspection	* 1		and	find that		
		ACTUAL SIGNATURE	yea & p	H. A	Keffer	M.	8 W		1			DATE	SIGNED		
^		EXAMINER'S NAME (Type)	Geo. 3.11		for M.D.		ASSISTANT MEDICAL				D	· 1	3, 195		
	22a R	BURIAL, CREMATION REMOVAL (Specify)	12/21/59	F	22c. NAME OF CEMETERY O Warsaw Cemet				ation (City, town, on aw, North			(Sta	fe)		
	23.	FUNERAL DIRECTOR'S	SIGNATURE YO	toria	ADDRESS By eto-17,	m	1	D BY REGIST		TRAR'S SI					

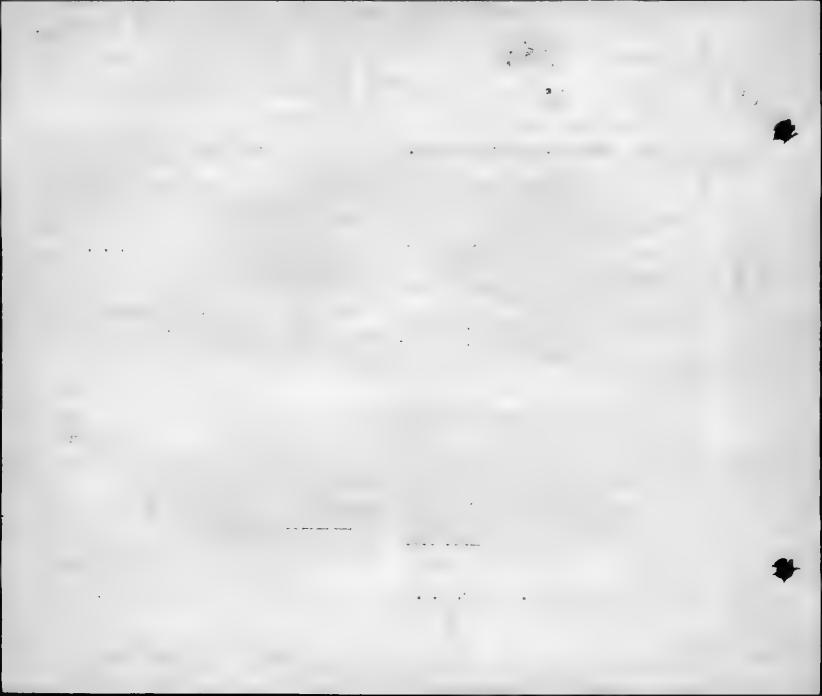
VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13503 13523 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. NAME OF DECEASED 2. DATE OF DEATH (Type or Print) CHARLES H. VINSON legibly. AFTER Dec. 29. 1959 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If mustitution, residence Baltimore Gir, Maryland before admission) Md. FULL NAME OF (If not in hospital or institution, give street address and POINT (If outside city limits, write RURAL and give c. CITY OR TOWN Armacost Nursing Home Baltimore clearly D. STREET ADDRESS (If rural, give location) (3) 1423 Kingsway Rd. 国 death 6. COLOR OR RACE: 7. SINGLE, MARRIED. S. DATE OF BIRTH 9. AGE (In years last birthday) If Under I Year If Under 24 Hours M ⋖ WIDOWED, DIVORCED (Specify HR Months Days Hours Min. Dec. 18, 1872 male whi te single IOA. USUAL OCCUPATION (Give kind 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Engineer Light House Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 the Elizabeth Zeis Jacob Vinson H. RECORDS 15. Was Deceased Ever in U.S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes, no er unknown) SECURITY NO. (If yes, give war or dates of service) Miss Anna V. Vinson - 1423 Kingsway Rd. PERMENT RECORD BLUE-BLACK picase CAUSE OF DEATH INTERVAL BETWEEN 18. 1551 ONSET AND DEATH cinoma of Gall Bladder DISEASE OR CONDITION DIRECTLY LEADING TO DEATH VITA Physicians: (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) 0.8 OF ANTECEDENT CAUSES BLACK DISEASES OR CONDITIONS, IF ANY, GIVING RISE DUE TO TO THE ABOVE CAUSE (A) STATING THE UNDER-CATION supplied. BUREA LYING CONDITION LAST. PERMANENT THIS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE RTIFI carefully TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING IT. Ш IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? CAUSE OF DEATH, ENTE IN WAS PERFORMED 215 PART I OR PART II WORK LI AT WORK LIT 9 22. I certify that (I) (this hespital) attended the deceased from ...... MUST PLBASE RTIFICATE 23A. SIGNATURE 23c. DATE SIGNED PHYS. THED. DIRECTOR D STAFF PHYS. 24A. BURIAL, CREMA-24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Burial 12/31/59 Western Cem. Balto. Md. REGISTRAR'S SIGNATURE REGISSEER 3 0 59 O FUNERAL DIRECTOR ADDRESS arthur S. Krama



Division of STATISTICAL RESEARCH AND **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) B. COUNTY Maryland Baltimore  ${ t Baltimore}$ MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate fimits, write RURAL and give nearest town) write RURAL and give negrest lown! Essex ≠ Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained State | 407 Middle River Rd. and Martin Blvd. A Ballard Street YES NO TE 3. NAME OF 4. DATE DECEASED with the (Type or print) DEATH GEORGE DAVID VOLZ 19 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) | Months 2, an 3 = 5 m and 7 DIVORCED K WIDOWED [ Male October 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) General Laborer U.S.A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a" in pencil in Item 18. Give Pa S Office along with form PV3 a burial-transit permit, Eila pa emoval, and in any event David Volz Lena Richert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no. or unknwn) | (If yes give wer or detes of service) Henry Volz 7 Volz Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Extensive third degree burns and carbon monoxide ONSET AND DEATH PART I DEATH WAS CAUSED BY: poisoning complicating massive fresh intracerebra IMMEDIATE CAUSE (a) in white matter of left lower parietal lobe. Conditions, if any, which geva rise to immediate ceuse DUE TO (e), stating the underlying Hypertensive arteriosclerotic heart disease cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? 8 he certificate, writing the word rwarded to the Chief Medical E NO I plnous 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18) PRIMARY [] or CONTRIBUTING [] should be forwarded to the Chief Meshould be forwarded to the Chief Mes FUNERAL DIRECTOR: Page 3 sho Deceased was found in burning shack containing xmas CALISE OF DEATH. Month, Day, Year 59 20s, TIME OF INJURY 2:30Hour a.m. 20d. INJURY OCCURRED 20s. PLACE OF INJURY [Home, farm, ' 20f. [City or town] (County) (State) While Not While fectory, street, office bldg., etc.) at work at work Exsex Baltimore Maryland Parking lot 21 I certify that I took charge of the remains described above, held an Autopsy 🛣. Inspection 🗐. Inquiry and in my opinion Accident Y Homicide | | death resulted from: Natural causes Suicide | U luciermined manner CHIEF MEDICAL EXAMINER IX ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUT Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) STEMMERS RUN ZION LUTHERN CEM. Q40 g BURIAL 23. FUNERAL DIRECTOR 24e. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



IY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please The content witing the ward "pending" in penal in Item. 18. Give Fages 1, 2, on 3 to the function clark. Page The content in the Chine Medical Examiner's Office along with form PM3. Page 5 may be retained to your files. The Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.
ssignated agent, priar to burial, cremation, ar removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13500DICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13505

7	-			-
, \		PLACE OF DEATH 6. COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admiss a STATE b. COUNTY B.	an)
	b	D. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tow	n)
		and give recreit town) Randallstown 1/2 lir.	Breadale Balts 7	7
.,	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	DINCE
Х		Randallitown Ling Stro		ио 🔽
	1	NAME OF DECEASED First Middle	Last 4. DATE Menth Day Ye	ar
	5. 5	(Type or print) HENRY CLIFTON V		59
	D- 3	male of thite widowed Divorced	Jame OF BIRTH  Jenn 9 1895  9 AGE (In years)  IF UNDER LYEAR IF UNDER  Months Days Hours	Min.
	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTI		OUNTRY?
		mongance legent. Life Insuran	ec mf. W.S.a.	
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	20.00
	3.5	Lustrol Wagner	Dauline Mario.	
	₹¥es	s, no, or unknown) (if yes, give war as dates of service)	NFORMANT Address Address Address Address	0
	-	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	Mystic G. fraguer 2823 Rochuste	بدليمر
		PART I DEATH WAS CAUSED BY	ONSET AND DEATH	
		PRIMEDIATE CAUSE (a) UNAVIET V	24	7100
		Conditions, if ony, which) (b)		
		gove rise to immediate couse (a), stating the underlying DUE TO		
		couse lost. (c)		
- 1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AL PERFORI YES [7]	TOPSY MED? NO T
	TIFIC	20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (E)	inter nature of injury in Part I or Part II of Item 18.)	TO IM
		PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.		
	MEDICAL	Manual Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company	CE OF INJURY (Hame, farm, i 20f. (City or town) (County) pry, street, office bidg, etc.)	(State)
	MEI	p m 11119 ot work of work	une home.	
		21. I certify that I took charge of the remains described above	ve, held an Autapsy 🔲, Inspection 🔀, Inquiry 🕱, and	in my
		opinion deoth resulted from: Natural causes 🔀, Accident	, Suicide, Homicide, Undetermined manner	
		ACTUAL 2 9. Prancis	CHIEF MEDICAL EVANIAGES TO DATE SIG	INED
		SIGNATURE 77 2 3 3	M.D. CHIEF MEDICAL EXAMINER []  ASSISTANT MEDICAL EXAMINER []  But 2	135
		EXAMINER'S D. D. CAPLES MI	DEPUTY MEDICAL EXAMINER	,
	220	BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR		— <i>=</i>
		Burial 12/21/59 LOUDON PARK C		
	23.	FUNERAL DIRECTOR'S SIGNAPHIRE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
0	-2	Laring Ligers 8728 Liberty Ro	DATEDER 2 4:59 Orthog & Kround	

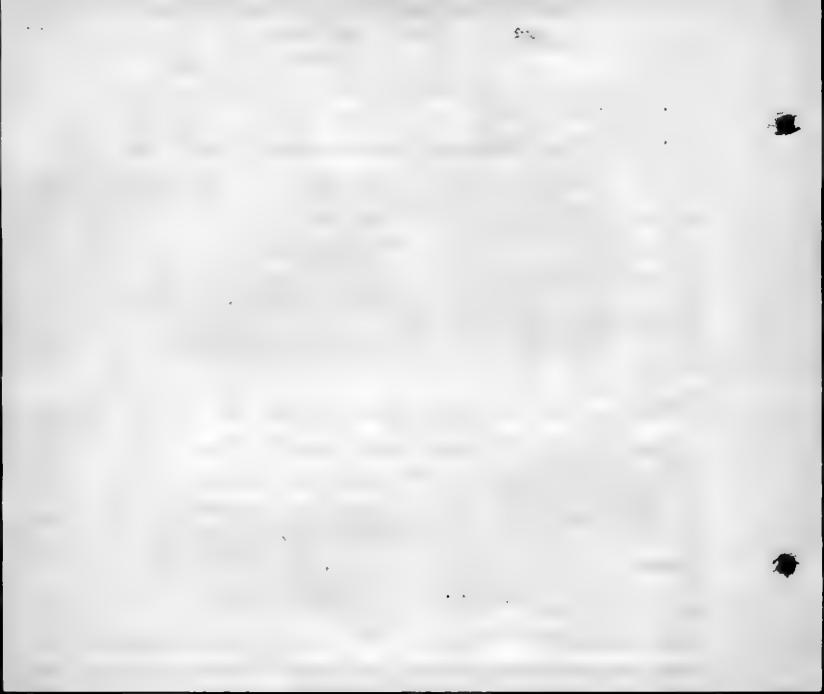


MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE 1 alt: b. COUNTY Mid . MARYLAND Daltimore b. CITY OR TOWN (If outside corporote limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsvil Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sutter Ave. Art B. Cutter Av. YES NO NAME OF Middle DATE Month Day Year DECEASED OF (Type or print) A' al.am Lalters 19 79 DEATH Dec. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Col. WIDOWED [7] DIVORCED [7] yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BUTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) T.S.A may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Pages 1, KO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT rs. Lala anttera 717 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (o) **DUE TO** Cardiovescular direase Conditions, if ony, which ] gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO I 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour While Not while a.m. al work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry and find that Accident . Suicide . Homicide . Undetermined cause death resulted fram: Natural causes ... ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL D ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Geo. J. M. Kielfer M.D cute the forward DEPUTY MEDICAL EXAMINER NAME (Type) 22q. BURIAL, CREMATION, 22b. DATE THEREO 225_NAME OF CEMETERY DE CREMATORY 220 NOCATION (Ribe town, or county) 0 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) **DEC 31** 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

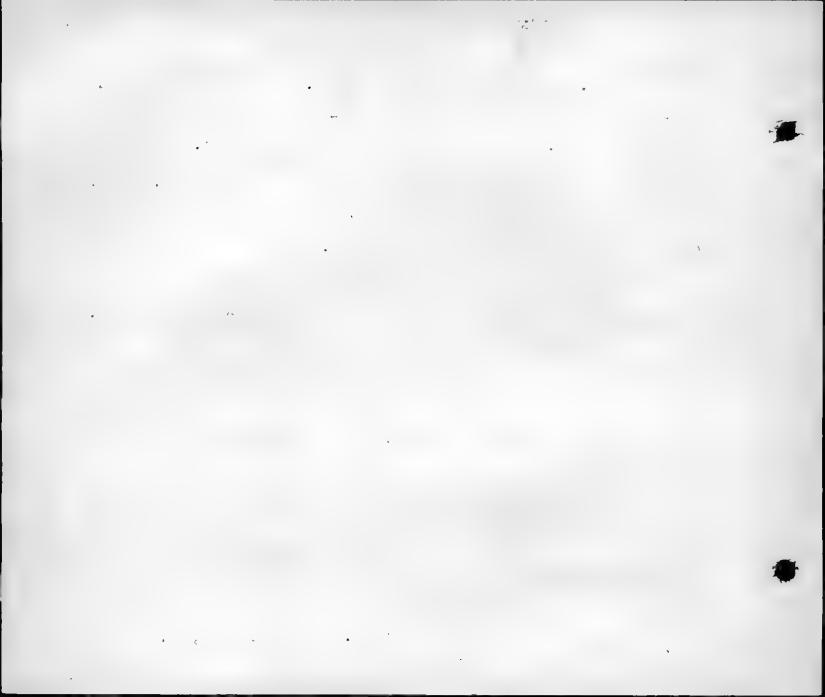


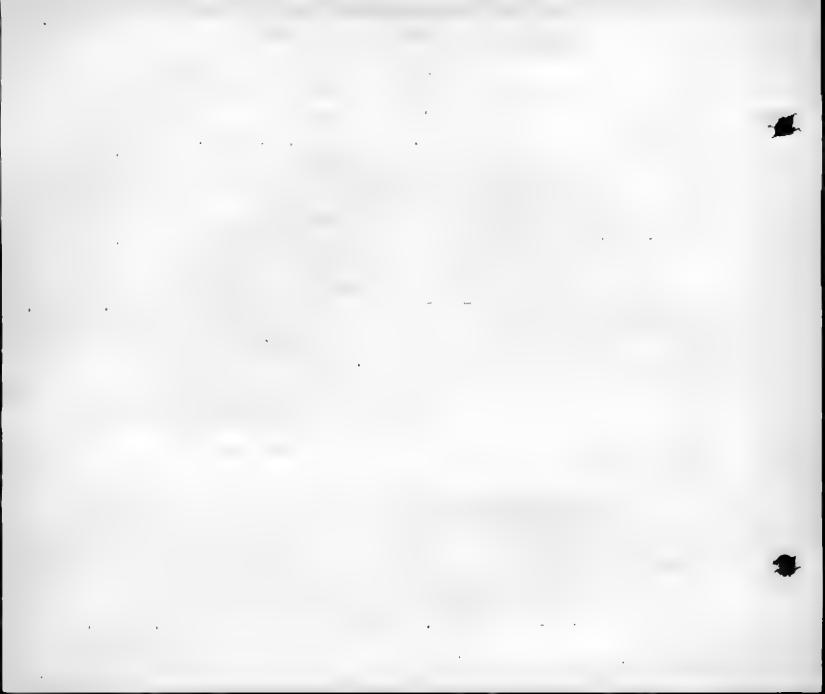


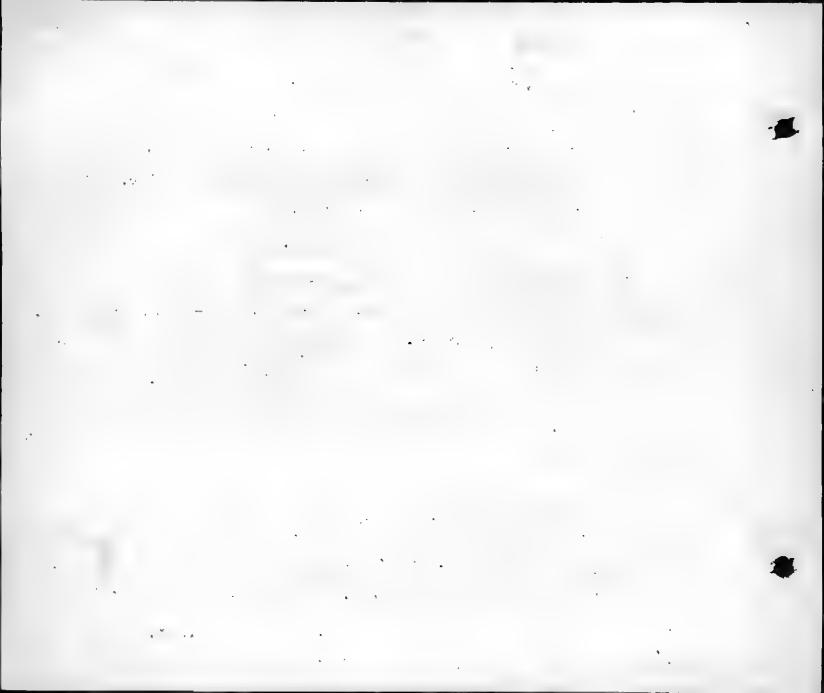
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13528 CERTIFICATE OF DEATH Rag, Dist. No. with director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Ralto. Balto. b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 402 Regester Ave. Regester Ave. YES TO NO TO NAME OF First Middle 4. DATE Month Year DECEASED DEATH (Type or print) FMM. 19 59 MART WELCH Dec. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH lost birthday) Manths Days female whi.te DIVORCED [7] WIDOWED [ 8h1875 26. yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Public School natired Teacher 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ŧ physicio Mordecai Welch HOVE Rhoda Armiger 15. WAS DECEASED EVER IN II. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (1) yes, give wor or dates of service) tending Miss Rhoda Hamilton-102 Regester none 18. CAUSE OF DEATH [Enter only one couse per lips for (o), (b), and (c)] INTERVAL SETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at wark p. m. 26 , 1959 that I lost saw the deceased 21. I certify that I oftended the deceased from... and that death occurred of ANAM, from the couses and on the date stated above. ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE ō P PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) page REMOVAL (Specify) Cedar Hill Brooklyn. Md 23. FUNERAL DIRECTOR'S SIGNATURE. **ADDRESS** 24a. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE

DATE EG 2 8 '53

VS A15 (4) 15/A 10/57







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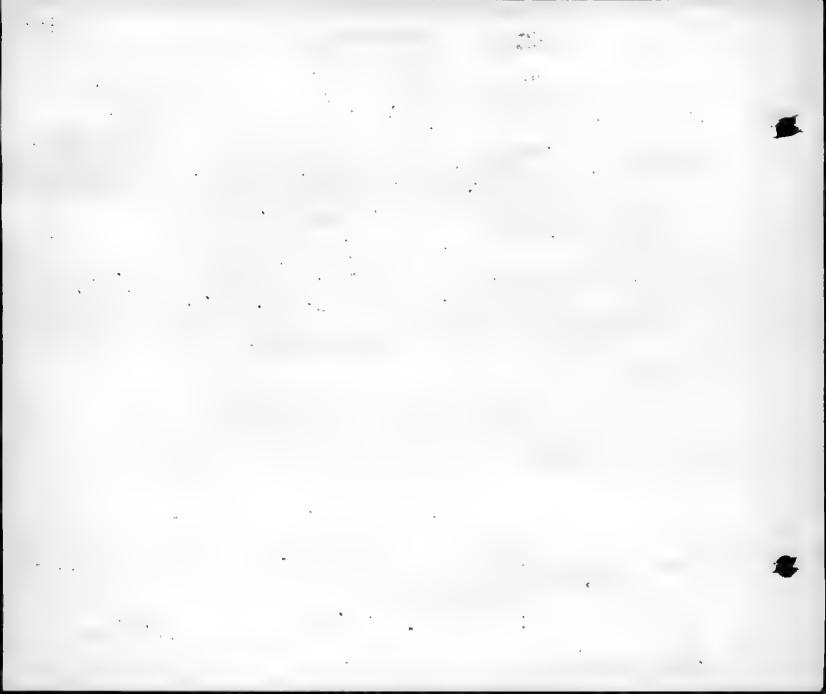
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH

0. COUNTY

D. COUNTY

13512

Reg. Dist. No.

	COUNTY /2		2. USUAL RESIDENCE (Where deceased lived,	
	DAKTIMORE	MARYLAND	O. STATE WARTER NO b	COUNTY BALTIMORE
Ь	CITY OR TOWN (If outside corporate limin, write #URAL and give rearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest tawn)
	oun dies versen rows)		53 Duys 5. 4	
d	NAME OF HOSPITAL OR INSTITUTION (If not in hos	nital aive street address)	d. STREET ADDRESS	e. IS RESIDENCE
"	C / ~ !! / /	burd' Ara suces address!	1 (2 ) 1 1 Norman	ON A FARM?
	D PUNDARK AV	<u> </u>	1 Sd 14 / YURTHI	IFM Aund YES NO M
	PAME OF First PECEASED / // 1 First	, Middle	Lost 4. DATE	Month Day Year
	Type or print) LEE MAPE	WILLEY S		c 16 1954
5. SI	EX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED   8.	DATE OF BIRTH 9. AGE	
	VALE BILLTE WIDOWER	DIVORCED	JUHE 21, 1901 58	yrs, Months Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUSTR	TT. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
1 4	SHIPING FOKEWIAN	TEEL.	MANUANA.	U.SA
	FATHER'S NAME	70-10	14. MOTHER'S MAIDEN NAME	
	1011 munice 12/12 Al	/	Europa Strain	, .
15	WAS DECEASED EVER IN U. S. ARMED FORCES? IN	SOCIAL SECURITY NO. 117. IN	FORMANT	
{Yes.	ng, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITI NO. 17. IN	TORMAN!	Address
	/70	151	75 112A 11122EY	52/4/YORTH 17 EN 11
	18. CAUSE OF DEATH [Enter only one cause per line I	or (a), (b), and (c).	10 1 - 11	INTERVAL BETWEEN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED BY:	16/16/16	Cardes - Upsculo	V Diserie 6
	DUE TO	+1 - )	7101	
	Conditions, if any, which) [b] [MV	- unil - 0,	nucl scenni to	iouffecty -
	gave rise to immediate couse (o), stating the underlying DUE TO			6
	course lost.			11
Izt	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART YOU'RE WAS AUTOPSY
181	Philip	1		PERFORMED?
[일]	On Systematic Caller Water		•	YES NO 17
CERTIFICATION	RIMARI LI DI CONIRIBUTING LI	HOW INJURY OCCURRED LE	her nature of injury in Part I or Port II of item I	B.)
	CAUSE OF DEATH.	/ when the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of		
₫		AI-	E OF INJURY (Hame, form, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While at wo	1401 WILLIE	ry, street, affice bldg., etc.)	
1 - 1	21. I certify that I took charge of the r	amoint described above	te held on Autoniu 🔲 Jamesti	
1 6	_	_/ _		
11	death resulted from: Notural causes	Accident . Suic	ide 🔲, Homicide 🔲, Undetern	nined couse [].
	mus / man	-		DATE SHOW
	ACTUAL SIGNATURE	つ	M.D. CHIEF MEDICAL EXAMINER	1
		1	ASSISTANT MEDICAL EXAMINER	11/12/10
	EXAMINER'S M. J. JAVI	1 m;	DEPUTY MEDICAL EXAMINER	(1/(1/4)
220.	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (CIT	y, town, or county) , (Stole)
1	DUTIAN 12/14/54	CAK LAWN	CEMETERN GONG	ATE INd
23. F	UNERAL DIRECTOR'S SIGNATURE	ADDRESS		4b. REGISTRAR'S SIGNATURE
11	ilanich Fridan botaus	2/12 DUH129	A DULT DATE OF C 2 1 '59	arthur S. Frank
	LLKICH JUHERHASTOINE	01/00 K-11/1/19	LANG AVET DATEDEC 21 '59	

VS. A15ME(5) 5M 9/55



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funeral

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VS A1S (4) **1SM 9/SB** 

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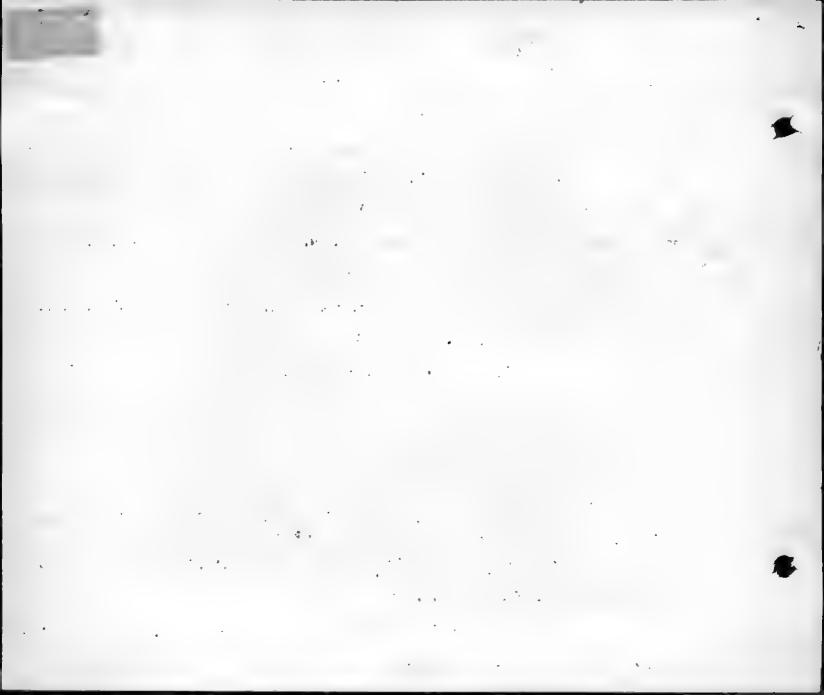
9

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Jack Louis Tno. 2100 Futow Place Balto

1SM 9/SB



13515

e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

19

59

Rea. Dist. No.

10

Months

IFUNDER TYPAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL RETWEEN ONSET AND DEATH

> PERFORMED? YES NO 🖂

> > DATE SIGNED

12-11-59

(Stote)

(Stote)

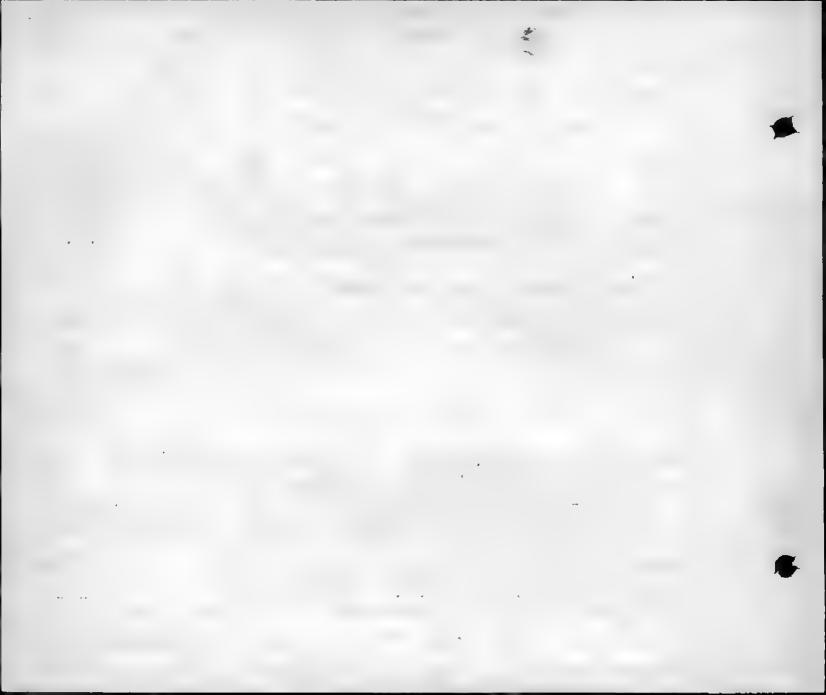
U. S. A.

HOSPITAL

(County)

DEC 1.5 '59

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Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death	te, mriting the mard "pending" in pencil in Item 18. Give Palles 1, 2, and Il to the	r's Office along with form PM3. Page 5 may be retaine	nsit permit. File pages I and 2 with the	
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9 35	.=	<u>e</u>	age 3 should be used as a burial-trans	
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tem 1. Film 2 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3545DICAL EXAMINER'S CERTIFICATE OF DEATH 13516 Reg. Dist. No. cremotion 2. USUAL RESIDENCE (Where deceased lived If Institution, Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY Maryland MARYLAND Prince George Baltimore b. CITY OR TOWN (If outside corporate l'mits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) end give negrest town Laurel. Maryland Catonsville 6vr5mth2dvs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Star Route - Box hOh 2 8 GROVE STATE HOSPITAL. YES NO ... NAME OF First Middle Month Yacu DECEASED W. (Type or print) George Wootten 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Iln years IFUNDER TYPAR IF UNDER 24 HR Months mala white Days Hours Min. 1871? WIDOWED IC DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland U. S. farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TOPE pages Unknown Unknown Pages 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address E Give Give ınknown Unknown Records: SPRIN G GROVE STATE HOSPI TAL 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Broncho, Fneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause burio DUE TO (a), stating the underlying femur (acciden cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 17, WAS AUTOPSY 80 PERFORMED? NO [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Exominer 99 on 10-24-59 sustaining fractured right femur. 3 should i CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while-10-24- 159 at work hosm tal Catonsville 28. Maryland DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy 7 Inspection . Inquiry , and find that death resulted from: Natural causes . Accident | Suicide . Homicide . Undetermined cause . .5 DATE SIGNED **ACTUAL** SIGNATURE CHIEF MEDICAL EXAMINER forworded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** George M. Kieffer, M. D. NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 0 23, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24p. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cirling S. Fraus SM 9/55



(State)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) Baltimore e. IS RESIDENCE ON A FARM? 3912 Belle Ave.. YES NO TO 4. DATE Manth Year OF DEATH Dec. 28. 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (in years last birthday) Months Days Oct.31.1883 76 12. CITIZEN OF WHAT COUNTRY? U.S.A. 14 MOTHER'S MAIDEN NAME Wilhelmina Bolwie Address Mrs.Lillian Rodgers 113 S. Wickham Rd. INTERVAL BETWEEN ONSET AND DEATH about 3 Mos. PERFORMED? YES IN NO IXI 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.) 19.59 , and that death accurred at 13:30PM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 1 Mallow Hill Ave. B altimore 29. Md.

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE O Thur & France

Baltimore.

24a. REC'D BY REGISTRAR

TO FUNER

3 shauld

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

Burisl

220. BURIAL, CREMATION,

REMOVAL (Specify)

Leo

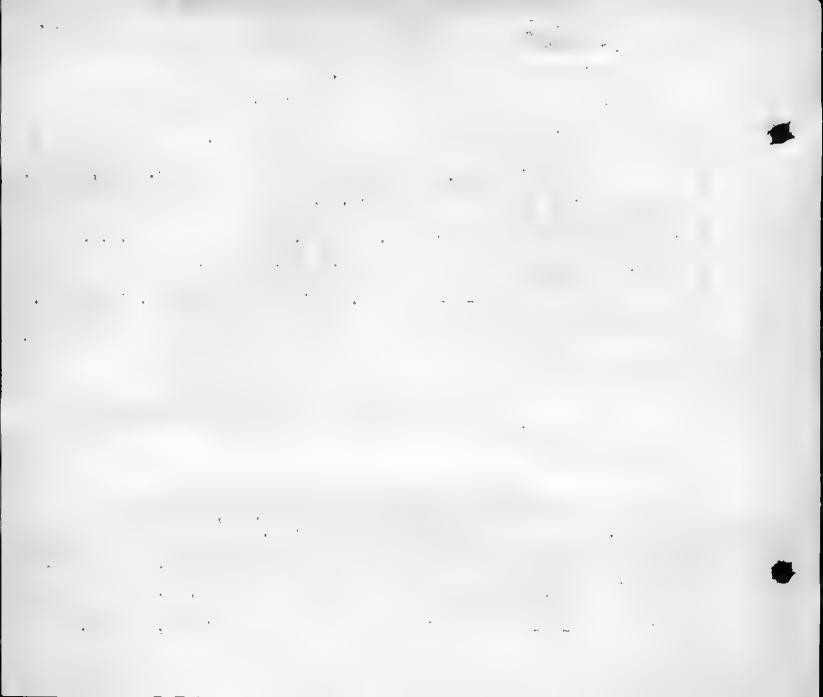
22b. DATE THEREOF

J. Gaver

12-31-1959

22c. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

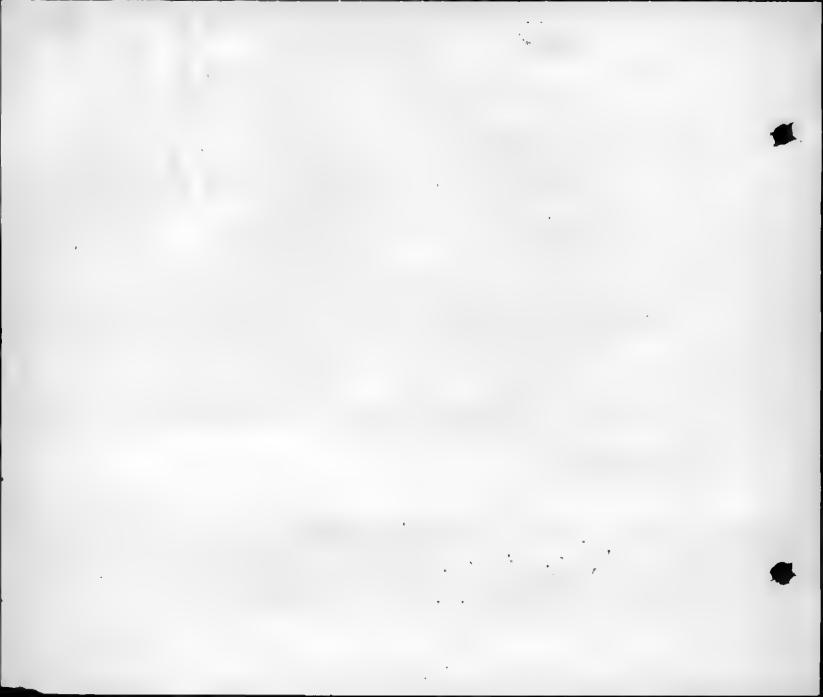


**CERTIFICATE OF DEATH** 13537

		1	Ü	C	1
Reg.	Dist.	No.			

1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived.	If institution: Residence	before admission)
o. COUNTY Baltimore	AMTTLANS	o. STATE Mary	Land b.	COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)			
Catonsville	2mth2dvs	Baltimor	e	3 V01-4	
d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS		1	e. IS RESIDENCE
SPRING GROVE STATE HOSE	PTTAL	1103 Edwi	ght Court		YES NO
3. NAME OF First	Middle	Last	4. DATE	Menth	
(Type or print) George		Wratchford	OF DEATH	December	29 19 59
0001 60	IED INEVER MARRIED	B. DATE OF BIRTH			YEAR IF UNDER 24 HRS
			last I	irthdoy) Months (	Doys Hours Min.
male white widows		January 17,	1880 7	У угз.	
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU				EN OF WHAT COUNTRY?
Unknown		W. Virgi	inia	U.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
Unknown Nos	h Wrotelford	Unknown	1		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	
	as a card R	lecords: SPR	ING GROVE	STATE H	OSPITAL
18. CAUSE OF DEATH (Enter only one couse per lin					INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Am	terios clerotic	cardiovascul	lar diseas	е	ONSET AND DEATH
IMMEDIATE CAUSE (0)					
DUE TO G	neralized art	eriosclerosis	3		
Conditions, if ony, which gove rise to immediate	<u> </u>				
couse (a), stating the under- DUE TO					
lying couse lost. (c)					<u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART	t(o) 19. WAS AUTOPSY PERFORMED?
3					YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDIT	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of ite	em 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n. 20f. (City or town	) (Ce	ounty) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. IN While of work	Not while fee	ctary, street, office bldg., etc	:)	,	(3.4.0)
	D 0/		D 00	('0	
21. I certify that I attended the decease			Decm. 29	, 1 <u>9_27</u> ,that I lo	ist saw the deceased
alive on Dec. 29 , 1959	Z, and that death	occurred at 3:35	PM, fram the o	auses and on the	e date stated above.
( ) 00 ()	-0.00		ADDRESS (Street, city	or town, state)	DATE SIGNED
SIGNATURE STULLA WO	rcheler	M.D. SPRING	GROVE STA	TE HOSPIT	AL 12-29-59
PHYSICIAN'S CHARRY TV N N N N N N N					
NAME (Type) Stella Wachsler	, M. D.	Catonsvil	lle28. Mar	yland	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY, O			ty, town, or county!	(Stote)
REMOVAL (Specify)	Cobla Nes	La Com	A/2 3	on which	mel.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	246_REGISTRAR'A SIGN	NATURE
Mrc Cully Funeral Ams 13	BOE FOR an	DAYLAN	4 '60	CILLIAN 2. 70	AND THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO TH

VS A15 (4) 15M 10/57



Reg. Dist. No.

1 (	PLACE OF DEATH COUNTY Balti	more		MARYL	AND	2 USUAL RESIDENCE (Who Maryland	ere deceased liv	ed. If institution: b. COUNTY	Residence	befare adr	mission)
I	CITY OR TOWN (I	outside corporate limits,	, write c U	ENGTH OF STAY I	IN 1b	c. CITY OR TOWN (If or	utside corporate	limits, write RUR	AL and giv	e nearest t	tawn)
	RURAL ond give nearest town) Fort Howard 4 Days					Baltimore		~ · V	~ /	agreement to	
,	d. NAME OF HOSPIT	AL (If not in hospital, giv				d STREET ADDRESS	****			e. IS	RESIDENCE
w## /	or institution Veter	ans Adminis	tratio	n Hospita	al	234 West La	fayette	Avenue			N A FARM?
1	NAME OF DECEASED (Type or print)	THOMAS		GORSUCI		YOUNG, JR.	4. DATE OF DEATH	Decembe:		16	19 59
5. 5	EX	6. COLOR OR RACE	7- MARRIED [	NEVER MARRIE		L DATE OF BIRTH	9. /		1	YEAR IF UI	NDER 24 HRS
	Male	White	WIDOWED [	DIVORCED		July 23, 1911		48 уп.	The little by	7/2 1100	14101.
10a	. USUAL OCCUPATIO	N (Give kind of work do	ine 10b. KIND	OF BUSINESS OF	RINDUS	TRY 11, BIRTHPLACE (Stote	or foreign count	ry)	12 CITIZE	N OF WHA	AT COUNTRY?
		ang me, even n tomour				Baltimore,	Maryla	nd	U.	, S	A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	Thomas G.	Young				Isabel Eva	ns Mund	y			
	WAS DECEASED EVE	R IN U. S. ARMED FORCE		AL SECURITY NO.		FORMANT		Addres			
	Yes	III yes give war or dates of serv	213-	03-7474	Cl	in.Rec.VAH,Ba	1to.18,	Md.Ft.H	oward	Divi	sion
	IB. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]									INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY HEPATIC INSUFFICIENCY								Days		
	58/./ DUE TO										
	Conditions, if any, which ) (b) LAENNEC'S CIRRHOSIS OF LIVER								SHVERAL YR		
	gave rise to immediate cause (a), storing the under.							UNKNOWN			
z								s IN PART 1			
ICATION									, , , , , , , , , , , , , , , , , , , ,	PE	RFORMED?
L CERTIF	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE	HOW INJURY OF	CCURREE	. (Enter noture of injury in P	ort For Port II o	of item 18.)			
MEDICAL	20c TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Year	While	Y OCCURRED  Not while at work		CE OF INJURY (Home, form, fory, street, office bldg , etc.		town)	(Car	inly)	(State)
	21. I certify th	at battended the	deceased f	rom Decem	ber	12, 19 59, to Dec	cember 1	16 1959H	MANAGA	KENT KEN	POECESION
						accurred at 6:55					
		0 1	6		. 1			, city or town, st			DATE SIGNED
	SIGNATURE Cerestack & Jorgalanto VAH BALTO 18 MD. FT. HOWARD DIVISION 12/16/										
					1	WHIT DRANK	a the first that a d	-1-6-111-61-614	د الاجراب عامل	1,411,46	i — aaba Sereyi — edenii ii y
	PHYSICIAN'S NAME (Type)	CARIDAD E.	CONZAIR	Z. M.D.							
220	BURIAL, CREMATIO			. NAME OF CEME	TERY OF	CREMATORY	22d. LOCATION	N (City, town, ar	county)	(	Stole)
	REMOVAL (Specify)	12-18-		eenmount				nore, Ma		_	
	Purial FUNERAL DIRECTOR			ADDRESS		24g, REC'E	D BY REGISTRAF				
			6000 II	meand Di	D-	to.14. Medate DE	EC 21 '59		hun 8. 1		
	Wm. Cook-	Binght, Inc.(	DUUY HA	ariord Ro	l.ba.	LOO TH' THEFFILE	40.				

requires that the death certificate be executed within 24 haurs may be retain. If the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy page 3 should be detached for use as the burial-transit permit. Then pleose remother registrar prior to burial, cremotian, or remaral, and in any event within 72 has TO HOSPITAL

VS A15 (4) 15M 9/5B

death. Page 4 me funeral director. filed-with

and 2 shauld be

ond campletely filled in by



6.
13541)

CERTIFICATE OF DEATH 10100

	_					_,	
1	i.	PL	ACE COL	OF JNT	DEA Y	τH	
1	_	_				B	a]

efter death. Page 4

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death; Page 4, may be retained by the hospital or attending physicion.

O FUNERAL DY.CTOR: After this certificate has been signed by the attending physician and camplelely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

	-	
VS 15A	A15 (	4)

14539	GERTII IQA	TIE OF DEATH	•	Reg. Dist. No.		
Delace of Death COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WIND STATE Maryland	ere deceased lived. If institution b. COUNTY	ns Residence before odmission) Baltimore		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16		utside corporate limits, write RU	RAL and give nearest town)		
d. NAME OF HOSPITAL (If not in hospital, give street ode or INSTITUTION 1752 Aberd		Towson district Address	/ Leen Road	e. IS RESIDENCE ON A FARM? YES TO NO		
. NAME OF First	Middle	lost	4. DATE Month			
(Type or print) George	N. Ze	llinger Jr.	Death December	er 23 19 59		
6. COLOR OR RACE 7. MARRIED  Male White WIDOWED		B. DATE OF BIRTH		Months Days Hours Min.		
0o. USUAL OCCUPATION (Give kind of work done 10b, KII	ND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNT		
Boiler Makers Helper		Maryla		U.S.A		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		0 0 0 0 0 0 0 0		
George N. Zellinger Sr.		Kate Lenn	baum			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO		NFORMANT	Addre	51		
ves W1 21	3-03-2703A	Sophia Zell	inger 1752 A	berdeen Road		
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)  422, DUE TO Conditions, if eny, which	for (a). (b). and (c).]	ente cadi	eveseule o	INTERVAL BETWEEN ONSET AND DEATH		
gove rise to immediate couse (a), stating the under lying couse test.  PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition give	N IN PART 1(a) 19. WAS AUTOPS PERFORMED?		
5				YES NO		
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRED	). (Enter noture of injury in P	ort t or Parl It of item 18.]			
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJU Hour o. m. 19 While p. m. 19 of work	Not while of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (Cily or lown)	(County) (State		
21. I certify that I attended the deceased	fram 6/15	195 7. to	12/23, 1959	that I last saw the decea		
alive anM, from the causes and an the date stated above.						
ACTUAL SIGNATURE Javolan	Gran	M.O. 8523 fr.	ADDRESS (Street, city or lown, state for form Blug	tote) DATE SIGN		
PHYSICIAN'S Edward Gordon	Grau					
226. BURIAL, CREMATION, 226. DATE THEREOF 12/28/59	Balto Natio		22d. LOCATION (City, town, or Baltimore	12/19		
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE		
John A.Moran 3000 E.Bai	Itimore St.	Balto. DATE	2 9 '59	0 4		
				Way / Caus		

BESTOMITANI-BUSINED DOMINING STATE OF AUTOMATINE CERTIFICATE OF DEATH THE RESERVE AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE 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